

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N36989**

(4)

1. Corporation Name

**ANCHOR BOAT CLUB, INC.**

Principal Place of Business

Mailing Address

**HONEY MARESCO  
13 COTTON COURT  
PALM COAST FL 32137  
US**

**ANCHOR BOAT CLUB, INC.  
PO BOX 351501  
PALM COAST FL 32135-1501  
US**



3. Date Incorporated or Qualified  
**03/05/1990**

3a. Date of Last Report  
**03/07/1996**

2. Principal Place of Business

2a. Mailing Address

**21**  
Suite, Apt. #, etc.

**26**  
Suite, Apt. #, etc.

**22**  
City & State

**27**  
City & State

**23**  
Zip  
**25** Country

**28**  
Zip  
**30** Country

4. FEI Number  
**59-3047602**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GUNTARP, PAUL M., JR.  
4 OLD KINGS ROAD NORTH  
SUITE B  
PALM COAST FL 32137**

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

**FL**

**85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **DC**  
STREET ADDRESS **MARESCO, HONEY**  
CITY-ST-ZIP **13 COTTON CT  
PALM COAST FL**

TITLE ☐ DELETE

NAME **DVC**  
STREET ADDRESS **GROSSMAN, ALAN**  
CITY-ST-ZIP **20 COCHISE CT  
PALM COAST FL**

TITLE ☒ DELETE

NAME **DS**  
STREET ADDRESS **O'BRIEN, DOTTIE**  
CITY-ST-ZIP **50 COLDSRING CT  
PALM COAST FL**

TITLE ☐ DELETE

NAME **DT**  
STREET ADDRESS **GROSSMAN, BARBARA**  
CITY-ST-ZIP **20 COCHISE COURT  
PALM COAST FL**

TITLE ☒ DELETE

NAME **DRC**  
STREET ADDRESS **ERIKSEN, DOTTIE**  
CITY-ST-ZIP **30 COLONIAL CT  
PALM COAST FL**

TITLE ☒ DELETE

NAME **DFC**  
STREET ADDRESS **MERCANTE, MIKE**  
CITY-ST-ZIP **65 CONMANCHE CT  
PALM COAST FL**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)