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May 20 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 737612 (2)

1. Corporation Name

YACHT & TENNIS CLUB ASSOCIATION, INC.

Principal Place of Business

Mailing Address

9445 BLIND PASS RD
ST. PETERSBURG BEACH FL 337069445 BLIND PASS RD
ST. PETERSBURG BEACH FL 33706-13183. Date Incorporated or Qualified
12/22/19763a. Date of Last Report
05/01/19964. FEI Number
59-1722603Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, BRIAN K.
10033 NINTH STREET N
ST. PETERSBURG FL 33716-0805

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 D ☐ DELETE
NAME GREENE, RAYMOND
STREET ADDRESS 9525 BLIND PASS ROAD
CITY-ST-ZIP ST PETE BEACH FL1.1 TITLE D ☐ Change ☐ Addition
1.2 NAME Greene, Raymond
1.3 STREET ADDRESS 10033 9th Street North
1.4 CITY-ST-ZIP St. Petersburg, FloridaTITLE D ☐ DELETE
NAME FRON, EDWARD
STREET ADDRESS 9425 BLIND PASS ROAD
CITY-ST-ZIP ST PETE BCH. FL2.1 TITLE D ☐ Change ☐ Addition
2.2 NAME Fron, Edward
2.3 STREET ADDRESS 10033 9th Street North
2.4 CITY-ST-ZIP St. Petersburg, FloridaTITLE V ☐ DELETE
NAME PLUNKETT, FRANK
STREET ADDRESS 9415BLIND PASS ROAD
CITY-ST-ZIP ST PETE BCH FL3.1 TITLE V ☐ Change ☐ Addition
3.2 NAME Plunkett, Frank
3.3 STREET ADDRESS 10033 9th Street North
3.4 CITY-ST-ZIP St. Petersburg, FloridaTITLE P ☐ DELETE
NAME HUHN, LORRAINE
STREET ADDRESS 9425 BLIND PASS RD.
CITY-ST-ZIP ST PETE BCH FL4.1 TITLE P ☐ Change ☐ Addition
4.2 NAME Huhn, Lorraine
4.3 STREET ADDRESS 10033 9th Street North
4.4 CITY-ST-ZIP St. Petersburg, FloridaTITLE SD ☐ DELETE
NAME COVENEY, TERRY
STREET ADDRESS 9415 BLIND PASS ROAD
CITY-ST-ZIP ST PETE BCH FL5.1 TITLE SD ☐ Change ☐ Addition
5.2 NAME Coveney, Terry
5.3 STREET ADDRESS 10033 9th Street North
5.4 CITY-ST-ZIP St. Petersburg, FloridaTITLE TD ☐ DELETE
NAME ROONEY, TERRI
STREET ADDRESS 9495 BLIND PASS ROAD
CITY-ST-ZIP ST. PETERSBURG BCH. FL6.1 TITLE TD ☐ Change ☐ Addition
6.2 NAME Rooney, Terri
6.3 STREET ADDRESS 10033 9th Street North
6.4 CITY-ST-ZIP St. Petersburg, Florida

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/97

Date

813-367-5657

Daytime Phone #

CF2E037 (9/96)