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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N36989

1. Corporation Name

ANCHOR BOAT CLUB, INC.

Principal Place of Business

C/O BOB MYERS
11 COLLINGVILLE CT
PALM COAST FL 32137
US

Mailing Address

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/05/1990	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3047602	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	

9. Name and Address of Current Registered Agent

GUNTARP, PAUL M JR
185 CPYRESS PT PKWY
STE 6
PALM COAST FL 32164

10. Name and Address of New Registered Agent

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	DC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYERS, BOB	1.2 NAME	
STREET ADDRESS	11 COLLINGVILLE CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL 32137	1.4 CITY-ST-ZIP	
TITLE	DVC <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TONTODONATO, EUGENE	2.2 NAME	
STREET ADDRESS	49 COMANCHE CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL 32137	2.4 CITY-ST-ZIP	
TITLE	DS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANQUINETTI, ANITA	3.2 NAME	Bohn, Janet
STREET ADDRESS	17 WOODWARD LN	3.3 STREET ADDRESS	13 N. Clearview Ct.
CITY-ST-ZIP	PALM COAST FL	3.4 CITY-ST-ZIP	PALM COAST FL 32137
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERICKSON, BILL	4.2 NAME	
STREET ADDRESS	16 WILLOUGHBY PL	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL 32164	4.4 CITY-ST-ZIP	
TITLE	DRC <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, LINDA	5.2 NAME	
STREET ADDRESS	6 CHESNEY CT	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL 32137	5.4 CITY-ST-ZIP	
TITLE	DFC <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'BRIEN, DONALD	6.2 NAME	Maresco, Charles
STREET ADDRESS	50 COLD SPRING CT	6.3 STREET ADDRESS	13 Cotton Ct.
CITY-ST-ZIP	PALM COAST FL 32137	6.4 CITY-ST-ZIP	Palm Coast FL 32137

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/99 904 446 3142
Date Daytime Phone #

CR2E037 (11/98)