

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 06, 2003 8:00 am**  
**Secretary of State**

01-06-2003 90019 024 \*\*\*\*61.25

**DOCUMENT # N25760**

1. Entity Name  
**FORT MYERS BEACH YACHT CLUB, INC.**



Principal Place of Business

**4116 SE 20TH PLACE  
UNIT 101  
CAPE CORAL FL 33904  
US**

Mailing Address

**4116 SE 20TH PLACE  
#101  
CAPE CORAL FL 33904-8029  
US**

**70000926**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0101799**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EDEN, ALFRED A.  
4116 SE 20TH PLACE  
#101  
CAPE CORAL FL 33904**

Name

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

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete  
NAME **VOSSMAN, W**  
STREET ADDRESS **3347 SE 37TH TERR.**  
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE **D** ☐ Change ☒ Addition  
NAME **GENE HARTLINE**  
STREET ADDRESS **204 STEVENS BLVD**  
CITY-ST-ZIP **FORT MYERS BEACH, FL 33931**

TITLE **DVP** ☐ Delete  
NAME **SHORT, RICHARD**  
STREET ADDRESS **9369 GARDEN POINT CT.**  
CITY-ST-ZIP **FORT MYERS FL 33908**

TITLE **PD** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **BRONSTON, MELVIN**  
STREET ADDRESS **4240 SE 20TH PLACE, #112**  
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SD** ☒ Delete  
NAME **GOODMAN, PEGGY**  
STREET ADDRESS **11153 BOARDWALK PL**  
CITY-ST-ZIP **FORT MYERS FL 33908**

TITLE **S/D** ☐ Change ☒ Addition  
NAME **JACKIE VOSSMAN**  
STREET ADDRESS **1940 SE 35TH ST.**  
CITY-ST-ZIP **CAPE CORAL, FL 33904**

TITLE **TD** ☐ Delete  
NAME **EDEN, ALFRED A.**  
STREET ADDRESS **4116 SE 20TH PLACE #101**  
CITY-ST-ZIP **CAPE CORAL FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PD** ☒ Delete  
NAME **HARRISON, M.D. HOWARD**  
STREET ADDRESS **4244 SE 20TH PL #319**  
CITY-ST-ZIP **CAPE CORAL FL**

TITLE **DVP** ☐ Change ☒ Addition  
NAME **LEE JUNKER**  
STREET ADDRESS **513 BROADWAY AVE**  
CITY-ST-ZIP **LEHIGH ACRES, FL 33972**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **ALFRED A. EDEN** **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/03

Date

(239) 549-6027

Daytime Phone #

CR2E037 (10/02)