

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700739

Entity Name: CARLOUEL YACHT CLUB INC**Current Principal Place of Business:**1091 ELDORADO AVE
CLEARWATER, FL 33767**Current Mailing Address:**1091 ELDORADO AVE
CLEARWATER, FL 33767 US**FEI Number:** 59-0558704**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MACKAY, LEE
1091 ELDORADO
CLEARWATER, FL 33767 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DIRECTOR
Name	BEAN, LEEWARD J
Address	1091 ELDORADO AVE
City-State-Zip:	CLEARWATER FL 33767

Title	OFFICER
Name	MACKAY, LEE
Address	1091 ELDORADO AVE
City-State-Zip:	CLEARWATER FL 33767

Title	DIRECTOR, VP
Name	SLATTERY, BRIAN
Address	1091 ELDORADO AVE
City-State-Zip:	CLEARWATER FL 33767

Title	DIRECTOR
Name	BOOS, ROBERT
Address	1091 ELDORADO AVE
City-State-Zip:	CLEARWATER FL 33767

Title	TREASURER, SECRETARY, DIRECTOR
Name	GORSAGE, MICHAEL
Address	1091 ELDORADO AVE
City-State-Zip:	CLEARWATER FL 33767

Title	DIRECTOR, PRESIDENT
Name	BOOS, ROBERT B
Address	1091 ELDORADO AVE
City-State-Zip:	CLEARWATER FL 33767

Title	DIRECTOR
Name	DIMMIT, LAWRENCE III
Address	1091 ELDORADO AVE
City-State-Zip:	CLEARWATER FL 33767

Title	DIRECTOR
Name	CONNELLEY, JOHN
Address	1091 ELDORADO AVE
City-State-Zip:	CLEARWATER FL 33767

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LEE MACKAY**GENERAL MANAGER****01/29/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name CONNORS, GARY
Address 1091 ELDORADO AVE
City-State-Zip: CLEARWATER FL 33767

Title DIRECTOR
Name FOLEY, CRIS
Address 1091 ELDORADO AVE
City-State-Zip: CLEARWATER FL 33767

Title DIRECTOR
Name COOPER, EARL
Address 1091 ELDORADO AVE
City-State-Zip: CLEARWATER FL 33767

Title DIRECTOR
Name POIRIOR, STEVE
Address 1091 ELDORADO AVE
City-State-Zip: CLEARWATER FL 33767