

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765601

Entity Name: PALATKA YACHT CLUB, INC.**Current Principal Place of Business:**171 COMFORT ROAD
PALATKA, FL 32177**Current Mailing Address:**P.O. BOX 2004
PALATKA, FL 32178-2004 US**FEI Number:** 59-2869342**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SHARBAUGH, R. KEVIN ESQ.
114 RIVERVIEW DRIVE
EAST PALATKA, FL 32131 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	CD
Name	DRISCOLL, ERNIE
Address	132 ORANGE TREE ROAD
City-State-Zip:	EAST PALATKA FL 32131

Title	S
Name	HART, JULIE
Address	183 FEDERAL POINT ROAD
City-State-Zip:	EAST PALATKA FL 32131

Title	SECOND YEAR DIRECTOR
Name	BURTON, MICHAEL
Address	130 ORANGE TREE RD
City-State-Zip:	EAST PALATKA FL 32131

Title	VCD
Name	BAKER, BILL
Address	345 WEST RIVER ROAD
City-State-Zip:	PALATKA FL 32177

Title	TD
Name	REED, TRACI
Address	4083 REID STREET
City-State-Zip:	PALATKA FL 32177

Title	FIRST YEAR DIRECTOR
Name	POTEET, BETTY
Address	712 CEDAR CREEK ROAD
City-State-Zip:	PALATKA FL 32177

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: TRACI M REED**TREASURER****03/22/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date