### 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000004341

Entity Name: BLACKWATER YACHT CLUB, INC.

### **Current Principal Place of Business:**

56220 HYACINTH ROAD ASTOR, FL 32102

#### **Current Mailing Address:**

P. O. BOX 247 ASTOR, FL 32102 US

## FEI Number: 36-4810830

## Name and Address of Current Registered Agent:

MOODY, KRISTEN 56220 HYACINTH ROAD ASTOR, FL 32102 US

## Certificate of Status Desired: Yes

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	PRESIDENT	Title	S				
Name	BENNETT, SHERMAN	Name	ARWOOD, TAMMY				
Address	55808 NAN DRIVE	Address	1747 CAMP SOUTH MOON ROAD				
City-State-Zip:	ASTOR FL 32102	City-State-Zip:	ASTOR FL 32102				
Title	т	Title	D				
Name	MOODY, KRISTEN	Name	SARTAIN, JERRY				
Address	56220 HYACINTH ROAD	Address	8001 SW 103RD AVENUE				
City-State-Zip:	ASTOR FL 32102	City-State-Zip:	GAINESVILLE FL 32608				
Title	REAR PRESIDENT	Title	DIRECTOR				
Name	INSHAW, JEFF	Name	ALLEN, DEBBIE				
Address	24213 RIVER ROAD	Address	1631 SPRING GARDEN DRIVE				
City-State-Zip:	ASTOR FL 32102	City-State-Zip:	ASTOR FL 32102				
Title	VP	Title	DIRECTOR				
Name	WILSON, DIANE	Name	BENNETT, PEGGY				
Address	2661 LAKESHORE DRIVE	Address	55808 NAN DRIVE				
City-State-Zip:	MOUNT DORA FL 32757	City-State-Zip:	ASTOR FL 32102				

#### Continues on page 2

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: KRISTEN MOODY

TREASURER

04/18/2019

Electronic Signature of Signing Officer/Director Detail

Date

# FILED Apr 18, 2019 Secretary of State 9767367158CC

## **Officer/Director Detail Continued :**

City-State-Zip: ASTOR FL 32102

Title	DIRECTOR	Title	PAST PRESIDENT
Name	WATSON, EDDIE	Name	MOODY, LYNN
Address	1645 YELLOW BRICK ROAD	Address	56220 HYACINTH ROAD
City-State-Zip:	ASTOR FL 32102	City-State-Zip:	ASTOR FL 32102
Title	DOCK MASTER		
Name	PURSEL, DAN		
Address	24506 FOX ROAD		