

**2020 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**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

MOODY, KRISTEN  
56220 HYACINTH ROAD  
ASTOR, FL 32102 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            PRESIDENT  
Name            BENNETT, SHERMAN  
Address        55808 NAN DRIVE  
City-State-Zip: ASTOR FL 32102

Title            S  
Name            ARWOOD, TAMMY  
Address        1747 CAMP SOUTH MOON ROAD  
City-State-Zip: ASTOR FL 32102

Title            T  
Name            MOODY, KRISTEN  
Address        56220 HYACINTH ROAD  
City-State-Zip: ASTOR FL 32102

Title            D  
Name            SARTAIN, JERRY  
Address        8001 SW 103RD AVENUE  
City-State-Zip: GAINESVILLE FL 32608

Title            REAR PRESIDENT  
Name            INSHAW, JEFF  
Address        24213 RIVER ROAD  
City-State-Zip: ASTOR FL 32102

Title            DIRECTOR  
Name            ALLEN, DEBBIE  
Address        1631 SPRING GARDEN DRIVE  
City-State-Zip: ASTOR FL 32102

Title            VP  
Name            WILSON, DIANE  
Address        2661 LAKESHORE DRIVE  
City-State-Zip: MOUNT DORA FL 32757

Title            DIRECTOR  
Name            WATSON, EDDIE  
Address        1645 YELLOW BRICK ROAD  
City-State-Zip: ASTOR FL 32102

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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: KRISTEN MOODY**

**TREASURER**

**05/31/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title PAST PRESIDENT  
Name MOODY, LYNN  
Address 56220 HYACINTH ROAD  
City-State-Zip: ASTOR FL 32102

Title DOCK MASTER  
Name PURSEL, DAN  
Address 55804 HOLIDAY CIRCLE  
City-State-Zip: ASTOR FL 32102

Title DIRECTOR  
Name BLACK, NOEL  
Address 24617 HOLLY ROAD  
City-State-Zip: ASTOR FL 32102