2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000004341

Entity Name: BLACKWATER YACHT CLUB, INC.

Current Principal Place of Business:

8420 GLEN VIEW COURT ORLANDO, FL 32819

Current Mailing Address:

P. O. BOX 247 ASTOR, FL 32102 US

FEI Number: 36-4810830

Name and Address of Current Registered Agent:

CHRETIEN, CAROLYN 8420 GLEN VIEW COURT ORLANDO, FL 32819 US Certificate of Status Desired: No

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	CAROLYN CHRETIEN			04/25/2022
	Electronic Signature of Registered Agent			Date
Officer/Dired	ctor Detail :			
Title	S	Title	Т	
Name	THORPE, DEBORAH	Name	CHRETIEN, CAROLYN	
Address	1605 SPRING GARDEN DR	Address	8420 GLEN VIEW COURT	
City-State-Zip:	ASTOR FL 32102	City-State-Zip:	ORLANDO FL 32819	
Title	D	Title	PAST PRESIDENT	
Name	SARTAIN, JERRY	Name	INSHAW, JEFF	
Address	8001 SW 103RD AVENUE	Address	24213 RIVER ROAD	
City-State-Zip:	GAINESVILLE FL 32608	City-State-Zip:	ASTOR FL 32102	
Title	DIRECTOR	Title	PRESIDENT	
Name	ALLEN, DEBBIE	Name	WILSON, DIANE	
Address	1631 SPRING GARDEN DRIVE	Address	2661 LAKESHORE DRIVE	
City-State-Zip:	ASTOR FL 32102	City-State-Zip:	MOUNT DORA FL 32757	
Title	DOCK MASTER	Title	DIRECTOR	
Name	RODRIQUEZ, JESUS	Name	BLACK, NOEL	
Address	1633 SPRING GARDEN DR	Address	24617 HOLLY ROAD	
City-State-Zip:	ASTOR FL 32102	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: CAROLYN C CHRETIEN

TREASURER

04/25/2022

Electronic Signature of Signing Officer/Director Detail

Date

FILED Apr 25, 2022 Secretary of State 3702353444CC

Officer/Director Detail Continued :

Title	REAR PRESIDENT	Title	VP
Name	BENNETT, SHERMAN	Name	CHRETIEN, GEOFF
Address	55808 NAN DRIVE	Address	8420 GLEN VIEW COURT
City-State-Zip:	ASTOR FL 32102	City-State-Zip:	ORLANDO FL 32819
T			
Title	REPORTER/EVENT COORDINATOR		
Name	COMBS, SHARON		

Address1636 RIVER ROADCity-State-Zip:ASTOR FL 32102