

2023 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

FILED
Apr 28, 2023
Secretary of State
6498972120CC

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:

CHRETIEN, CAROLYN
8420 GLEN VIEW COURT
ORLANDO, FL 32819 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: CAROLYN CHRETIEN

04/28/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name THORPE, DEBORAH
Address 1605 SPRING GARDEN DR
City-State-Zip: ASTOR FL 32102

Title TREASURER
Name CHRETIEN, CAROLYN
Address 8420 GLEN VIEW COURT
City-State-Zip: ORLANDO FL 32819

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

Title REPORTER/EVENT COORDINATOR
Name COMBS, SHARON
Address 1636 RIVER ROAD
City-State-Zip: ASTOR FL 32102

Title PRESIDENT
Name CHRETIEN, GEOFF H
Address 8420 GLEN VIEW COURT
City-State-Zip: ORLANDO FL 32819

Title PAST PRESIDENT
Name WILSON, DIANE
Address 56516 ELM ROAD
City-State-Zip: ASTOR FL 32102

Title DOCKMASTER
Name ANDERSON, DAVE
Address 4076 SW50TH ROAD
City-State-Zip: Ocala FL 34474

Title DIRECTOR
Name JENKINS, RICHARD
Address 5661 OTTER 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: CAROLYN CHRETIEN

TREASURER

04/28/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HARDIN, DIANE
Address 55729 HOLIDAY CR
City-State-Zip: ASTOR FL 32102