

**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

**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