

2021 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
May 01, 2021
Secretary of State
8141812951CC

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

05/01/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

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

Title DOCK MASTER
Name RODRIQUEZ, JESUS
Address 1633 SPRING GARDEN DR
City-State-Zip: ASTOR FL 32102

Title DIRECTOR
Name BLACK, NOEL
Address 24617 HOLLY ROAD
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: CAROLYN CHRETIEN

TREASURER

05/01/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title REAR PRESIDENT
Name BENNETT, SHERMAN
Address 55808 NAN DRIVE
City-State-Zip: ASTOR FL 32102

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

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