

2024 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

04/09/2024

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 COMBS, STEVEN
Address 1636 RIVER ROAD
City-State-Zip: ASTOR FL 32102

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

Title DOCKMASTER
Name GRECH, JAMES
Address 25000 LOYD ST
City-State-Zip: ORLANDO FL 32102

Title VP
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

04/09/2024

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

Title DIRECTOR
Name VOLPATO, SHAREN
Address P.O. BOX 385
City-State-Zip: ASTOR FL 32102

Title SECRETARY
Name RAMOS, BONNIE
Address 9524 SHORTLEAF CT
City-State-Zip: APOPKA FL 32703