

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 501025 (1)
1. Corporation Name
LAND YACHT HARBOR OF MELBOURNE, INCORPORATED

Principal Place of Business Mailing Address
201 N. JOHN RODES BLVD. A-1 MELBOURNE FL 32934-6671
201 N. JOHN RODES BLVD. A-1 MELBOURNE FL 32934-6671

FILED
95 JAN 25 PM 2:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 04/13/1976	3a. Date of Last Report 01/20/1994
4. FBI Number 59-1827148	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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9. Name and Address of Current Registered Agent
SHINE, THOS. E.
500A HARBOR CITY BLVD
PO BOX 381293
MELBOURNE FL 32934

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
(Signature, typed or printed name of registered agent and the filer, if applicable. NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	LUKEN, RICHARD
STREET ADDRESS	201 N JOHN RODES BLVD
CITY- ST- ZIP	MELBOURNE FL
TITLE	VD
NAME	SUST, CARL
STREET ADDRESS	201 N JOHN RODES BLVD
CITY- ST- ZIP	MELBOURNE, FL 00000
TITLE	SD
NAME	WALSH, ELIZABETH D.
STREET ADDRESS	201 N JOHN RODES BLVD
CITY- ST- ZIP	MELBOURNE, FL 00000
TITLE	TD
NAME	SIDNEY, RAYMOND
STREET ADDRESS	201 N JOHN RODES BLVD
CITY- ST- ZIP	MELBOURNE, FL 00000
TITLE	D
NAME	GOLDING, ROBERT
STREET ADDRESS	201 N JOHN RODES BLVD
CITY- ST- ZIP	MELBOURNE, FL 00000
TITLE	D
NAME	DEANS, WILLIAM R.
STREET ADDRESS	201 N JOHN RODES BLVD
CITY- ST- ZIP	MELBOURNE, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Pres. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Richard Lukens
1.3 STREET ADDRESS	201 N. John Rodes Blvd.
1.4 CITY- ST- ZIP	Melbourne, FL 32934
2.1 TITLE	V. Pres. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Jack Walsh
2.3 STREET ADDRESS	201 N. John Rodes Blvd.
2.4 CITY- ST- ZIP	Melbourne, FL 32934
3.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Dick Howard
3.3 STREET ADDRESS	201 N. John Rodes Blvd.
3.4 CITY- ST- ZIP	Melbourne, FL 32934
4.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Lois Kearns
4.3 STREET ADDRESS	201 N. John Rodes Blvd.
4.4 CITY- ST- ZIP	Melbourne, FL 32934
5.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Don Mann
5.3 STREET ADDRESS	201 N. John Rodes Blvd.
5.4 CITY- ST- ZIP	Melbourne, FL 32934
6.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Bob Krohn
6.3 STREET ADDRESS	201 N. John Rodes Blvd.
6.4 CITY- ST- ZIP	Melbourne, FL 32934

14. I do hereby certify that the information completed with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(8)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 107, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an affidavit.

SIGNATURE: *Lois B. Kearns* Lois B. Kearns, Treas. 1-20-95 407-254-6398
(Signature and typed or printed name of signing officer or director)