


FILE NOW: FILING FEE IS \$61.25

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Feb 25, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 700166

1. Corporation Name

ST. PETERSBURG YACHT CLUB

Principal Place of Business
11 CENTRAL AVENUE
ST PETERSBURG FL 33701-3998

Mailing Address
11 CENTRAL AVENUE
ST PETERSBURG FL 33701-3998



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		11/18/1959	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-0433240	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution <input type="checkbox"/>	
Country		Country		\$5.00 May Be Added to Fees	
25		30			

9. Name and Address of Current Registered Agent

WYNE N. FRASER
11 CENTRAL AVE.
ST. PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81	Name	James A. Montgomery, Jr.
82	Street Address (P.O. Box Number is Not Acceptable)	11 Central Ave.
83		St. Petersburg,
84	City	FL
85	Zip Code	33701

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE James A. Montgomery, Jr. DATE 1-19-99
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELCH, BILL MO	1.2 NAME	
STREET ADDRESS	2299 9TH AVE NORTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOGUE, DONALD J	2.2 NAME	
STREET ADDRESS	4851 1ST ST. NE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETE FL 33703	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEIDENSPINNER, PATRICIA H	3.2 NAME	
STREET ADDRESS	1935 IOWA AVE, NE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33703	3.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENDELBLATT, FRANK I. M	4.2 NAME	
STREET ADDRESS	334 6TH AVENUE SOUTH	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Wayne N. Fraser
STREET ADDRESS		5.3 STREET ADDRESS	111 Second Ave., NE, Suite 800
CITY-ST-ZIP		5.4 CITY-ST-ZIP	St. Petersburg, FL 33701
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Wayne N. Fraser **REQUIRED** (727) 822-3873

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)