

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 700456

(7)

1. Corporation Name

PASS-A-GRILLE YACHT CLUB INC



Principal Place of Business

2301 PASS-A-GRILLE WAY
ST PETERSBURG BCH. FL 33706

Mailing Address

2301 PASS-A-GRILLE WAY
ST PETERSBURG BCH. FL 33706

3. Date Incorporated or Qualified
02/16/1960

3a. Date of Last Report
06/19/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

WHITTAKER, EDWIN S
2301 PASS-A-GRILL WAY
ST. PETERSBURG BEACH FL 33706

4. FEI Number
59-0911753

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

Ronald W. Broadway

82 Street Address (P.O. Box Number is Not Acceptable)

8006 12th Ave. So.

83

84 City

St. Petersburg

FL

85 Zip Code

33707

11. Pursuant to the provisions of Sections 617.0502 and 617.1608 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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when returning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	LONNON, RICHARD L	
STREET ADDRESS	11760 CAPRI CIRCLE SO.	
CITY-ST-ZIP	TREASURE ISLAND FL	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	KELLER, RICHARD L	
STREET ADDRESS	2702 PASS-A-GRILLE WAY	
CITY-ST-ZIP	ST PETE BEACH FL	
TITLE	RCD	<input type="checkbox"/> DELETE
NAME	FRITZ, HARVEY W	
STREET ADDRESS	5200 BRITTANY DR. SO.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GROWNEY, MARGARET B	
STREET ADDRESS	7986 CAUSEWAY BLVD. SO.	
CITY-ST-ZIP	ST PETERSBURG BCH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WHITTAKER, EDWIN	
STREET ADDRESS	417 HAVEN POINT DRIVE	
CITY-ST-ZIP	TREASURE ISLAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	C/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Richard L. Keller	
13 STREET ADDRESS	2702 Pass-a-Grille Way	
14 CITY-ST-ZIP	St. Pete Beach, FL 33706	
21 TITLE	V/C/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Harvey W. Fritz	
23 STREET ADDRESS	5200 Brittany Dr. So. #1010	
24 CITY-ST-ZIP	St. Petersburg, FL 33715	
31 TITLE	R/C/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	James R. Irwin Jr.	
33 STREET ADDRESS	3980 Coquina Key Dr. SE	
34 CITY-ST-ZIP	St. Petersburg, FL 33705	
41 TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Edwin Whittaker	
43 STREET ADDRESS	417 Haven Point Drive	
44 CITY-ST-ZIP	Treasure Island, FL 33706	
51 TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Ronald W. Broadway	
53 STREET ADDRESS	8006 12th Ave. So.	
54 CITY-ST-ZIP	St. Petersburg, FL 33707	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(813) 360-1646

Daytime Phone #

CR2E037 (12/95)