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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 700456

1. Corporation Name
PASS-A-GRILLE YACHT CLUB INC

Principal Place of Business	Mailing Address
2301 PASS-A-GRILLE WAY ST PETERSBURG BCH. FL 33706	2301 PASS-A-GRILLE WAY ST PETERSBURG BCH. FL 33706

2. Principal Place of Business 21 2301 Pass-A-Grille Way Suite, Apt. #, etc. 22 City & State 23 St Petersburg Bch, FL Zip 24 33706 Country 25	2a. Mailing Address 26 2301 Pass-A-Grille Way Suite, Apt. #, etc. 27 City & State 28 St. Petersburg Bch, FL Zip 29 33706 Country 30 USA

3. Date Incorporated or Qualified: 02/16/1960

4. FEI Number: 59-0911753 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

MEYER, JOSEPH
13842 87TH AVE N
SEMINOLE FL 33776

10. Name and Address of New Registered Agent

81 Name: Joseph B. Meyer
82 Street Address (P.O. Box Number is Not Acceptable): 8285 129th Way
83
84 City: Seminole FL 85 Zip Code: 33776

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 _____ DATE _____
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	T	☒ DELETE	1.1 TITLE	~~Commodore~~ CD	☐ Change ☒ Addition
NAME	SPOLLEN, ARTHUR J		1.2 NAME	Edwin S. Whittaker	
STREET ADDRESS	1 KEY CAPRI, UNIT 702 W		1.3 STREET ADDRESS	417 Haven Point Dr.	
CITY-ST-ZIP	TREASURE ISLAND FL 33706		1.4 CITY-ST-ZIP	Treasure Island, FL 33706	
TITLE	CD	☒ DELETE	2.1 TITLE	~~Vice Commodore~~ VCD	☐ Change ☒ Addition
NAME	BOSSERMAN, JOHN		2.2 NAME	Charles B. Husick	
STREET ADDRESS	340 ANDREA DR		2.3 STREET ADDRESS	1375 Pinellas Bayway S. #31	
CITY-ST-ZIP	LARGO FL 33770		2.4 CITY-ST-ZIP	Tierra Verde FL 33715	
TITLE	VCD	☒ DELETE	3.1 TITLE	~~Rear Commodore~~ RCD	☐ Change ☒ Addition
NAME	MARBLE, LARRY		3.2 NAME	Robert E. Burke	
STREET ADDRESS	P.O. BOX 66566		3.3 STREET ADDRESS	5921 Seabird Dr. S.	
CITY-ST-ZIP	ST PETERSBURG BEACH FL 33736		3.4 CITY-ST-ZIP	Gulfport, FL 33707	
TITLE	RCD	☒ DELETE	4.1 TITLE	~~Secretary~~ D	☐ Change ☒ Addition
NAME	WHITTAKER, EDWIN		4.2 NAME	Dr. Marvin A. Bayles	
STREET ADDRESS	417 HAVEN POINT DR		4.3 STREET ADDRESS	936 Pinellas Bayway S. PH-3	
CITY-ST-ZIP	TREASURE ISLAND FL 33706		4.4 CITY-ST-ZIP	Tierra Verde, FL 33715	
TITLE	S	☒ DELETE	5.1 TITLE	~~Treasurer~~ T	☐ Change ☒ Addition
NAME	WHITTAKER, EDWIN		5.2 NAME	Thomas J. Lennon	
STREET ADDRESS	417 HAVEN POINT DRIVE		5.3 STREET ADDRESS	2905 Pass-A-Grille Way	
CITY-ST-ZIP	TREASURE ISLAND FL		5.4 CITY-ST-ZIP	St Pete Beach, FL 33706	
TITLE	S	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, NEIL		6.2 NAME		
STREET ADDRESS	13001 WHISPER SOUND DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33624		6.4 CITY-ST-ZIP		

CR2E037 (5/99)

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: SIGNATURE REQUIRED 7 July 1999 727-360-1676
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #