**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 700638**

1. Corporation Name

THE GULFPORT YACHT CLUB INC.

Principal Place of Business	Mailing Address	
4738 DEL RIO WAY GULFPORT FL 33711	PO BOX 5102 GULFPORT FL 33737 US	

## **FILED** Jun 01, 1999 8:00 am § Secretary of State

06-01-1999 90018 008 \*\*\*\*61.25

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Z. Principal P	ace of Business	Za. Mailing Address			0014014000	
21		26			03/16/1960	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number	Applied For
22		27			59-1877536	Not Applicable
City & State	e	_City & State-	~~		5. Certifcate of Status Desired	\$8:75 Additional Fee Required
23		28				
Zip	Country	Zip	Countr	y	6. Election Campaign Financing	\$5.00 May Be
24	25	29	30		Trust Fund Contribution	Added to Fees
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registe	erea Agent
			8	Name	Helena L. Firuta	
LUCKY, G	FNF		8:	2 Street A	ddress (P.O. Box Number is Not Acceptable)	
•	TH 47TH STREET		_		5 - 18th St. No. #12	<u>'</u>
	SBURG FL 33711		8:	3		
Of the term	000(1012 00/11		8	City		85 Zip Code
				St.		FL  33714 _
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statu	ites, the abo	e-named c	orporation submits this statement for the purpos	se of changing its registered
office or t	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida, Such change was :	autnorizeo d	v the corpor	ation's board of directors, I hereby accept the a	appointment as registered
-	11 A	1.	Helena	L. F	Firuta, Treas. 5/	1/99
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOT	E: Registered Ag	ent signature req	juired when reinstating) DAT	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICER	
TITLE	D	☐ DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME	ZELLER, JOHN		1.2 NAME	i		
STREET ADDRESS	4355 84TH AVE NO SUITE 201		1.3 STRE	ET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL 33781		1.4 CITY-	ST-ZIP		
TITLE	VC	☐ DELETE	2.1 TITLE		Commodore	Change Addition
NAME	O'NEIL, PAUL		2.2 NAME			
	6058 8TH AVE NO		2.3 STRE	ET ADDRESS		
	ST PETERSBURG FL 33710		2.4 CITY	.ST-71P		
CITY-ST-ZIP TITLE	RC	<b>KIX</b> DELETE	3.1 TITLE		RC	Change Addition
NAME	1,		3.2 NAME		Ray Eckert	,
	UPRICHARD, PETER 118 30TH AVE NO			ET ADORESS	1010 Farragut Dr. No	) <b>.</b>
			3.4. CITY		St. Petersburg FL	33710
CITY-ST-ZIP TITLE	ST PETERSBURG FL 33707	☐ DELETE	4.1 TITLE		Director	Change Addition
NAME	C NACOED MICHAEL		4. 2 NAM	.	<del>-</del> <del>-</del>	
	KASPER, MICHAEL			ET ADORESS		
STREET ADDRESS	1010 1011111011		4.4 CITY-			
CITY-ST-ZIP	ST PETERSBURG FL	☐ DELETE	5.1 TITLE			Change Addition
TITLE	TD		5.2 NAME			
NAME	FIRUTA, HELENA		1	ET ADORESS	5925 - 18th St. No	#12
1	3301 NORTH 58 AVE #370		5.4 CITY-			33714
CITY-ST-ZIP	ST PETERSBURG FL	☐ DELETE	6.1 TITLE			☐ Change ☐ Addition
TITLE	SD		6.2 NAME			
NAME	KREATSCHMAN, ELLIE		I	ET ADDRESS		•
STREET ADDRESS	4576 - 13TH AVE N					
CITY-ST-ZIP	ST PETERSRURG FI		6.4 CITY	SI-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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

5/1/99