

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 20 PM 2:13

DOCUMENT # 701849 (2)
1. Corporation Name
YACHT CLUB APARTMENTS ASSOCIATION OF VENICE, INC

Principal Place of Business
VENICE, INC.
1325 TARPON CENTER ROAD
VENICE FL 34285

Mailing Address
VENICE, INC.
1325 TARPON CENTER ROAD
VENICE FL 34285

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/29/1960 3a. Date of Last Report 04/20/1994
4. FEI Number 59-0936012 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

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 25 29 30

9. Name and Address of Current Registered Agent

ENGELMANN, WILLIAM E
1325 TARPON CENTER DRIVE
VENICE FL 34285

10. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	PD
NAME	LYMAN, LUKE H	1.2 NAME	Krenz, Roger K.
STREET ADDRESS	1325 TARPON CENTER #27	1.3 STREET ADDRESS	1325 Tarpon Center Dr. #22
CITY-ST-ZIP	VENICE FL	1.4 CITY-ST-ZIP	Venice FL 34285
TITLE	VPD	2.1 TITLE	VPD
NAME	HOLLAND, JOHN M	2.2 NAME	Luck, James S.
STREET ADDRESS	1325 TARPON CENTER #5	2.3 STREET ADDRESS	1325 Tarpon Center Dr. #1
CITY-ST-ZIP	VENICE FL	2.4 CITY-ST-ZIP	Venice FL 34285
TITLE	TD	3.1 TITLE	SD
NAME	ENGELMANN, WILLIAM E.	3.2 NAME	Ledwidge, Rosemary
STREET ADDRESS	1325 TARPON CENTER #15	3.3 STREET ADDRESS	1325 Tarpon Center Dr. #14
CITY-ST-ZIP	VENICE, FL 00000	3.4 CITY-ST-ZIP	Venice FL 34285
TITLE		4.1 TITLE	D
NAME		4.2 NAME	Holland, John M.
STREET ADDRESS		4.3 STREET ADDRESS	1325 Tarpon Center Drive #5
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Venice FL 34285
TITLE		5.1 TITLE	
NAME		5.2 NAME	Lyman, Luke H Deceased
STREET ADDRESS		5.3 STREET ADDRESS	1325 Tarpon Center Dr. #27
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Venice FL 34285
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William E. Engelmann 5/15/95 (813)488-7622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #