

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Worthington Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **702047** (2)

1. Corporation Name

ST. ANDREWS BAY YACHT CLUB, INC.

Principal Place of Business

Mailing Address

**218 BUNKERS COVE RD
PANAMA CITY FL 32401**

**218 BUNKERS COVE RD.
PANAMA CITY FL 32401**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/22/1961

4. FEI Number

59-0526027

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. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

WILLIAM G. HARRISON, JR.

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

213 BUNKERS COVE RD

83

84 City

PANAMA CITY

FL

85 Zip Code

32401

11. Pursuant to the provisions of Sections 617.0501 and 617.1903, 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 hold no objection to, the qualifications 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME **POPE, ALLEN**
STREET ADDRESS **6225 LITTLE DIRT RD**
CITY-ST-ZIP **PANAMA CITY FL 32401**

1.1 TITLE **VPO** ☒ Change ☐ Addition
1.2 NAME **JOHN DARRAH**
1.3 STREET ADDRESS **526 BUNKERS COVE RD**
1.4 CITY-ST-ZIP **PANAMA CITY, FL 32401**

TITLE **J** ☒ DELETE
NAME **GERDE, JERRY**
STREET ADDRESS **239 E. 4TH ST.**
CITY-ST-ZIP **PANAMA CITY FL 32401**

2.1 TITLE **Treasurer** ☒ Change ☐ Addition
2.2 NAME **CRANSTON POPE**
2.3 STREET ADDRESS **124 S. COVE BLVD**
2.4 CITY-ST-ZIP **PANAMA CITY, FL 32401**

TITLE **P** ☒ DELETE
NAME **MCELHENNEY, RANDALL**
STREET ADDRESS **408 S. BONITA AVE**
CITY-ST-ZIP **PANAMA CITY FL 32401**

3.1 TITLE **D** ☒ Change ☐ Addition
3.2 NAME **WILLIAM LLOYD**
3.3 STREET ADDRESS **447 Suddern Ave**
3.4 CITY-ST-ZIP **PANAMA CITY, FL 32401**

TITLE **V** ☐ DELETE
NAME **HARRISON, JR, WILLIAM**
STREET ADDRESS **230 BUNKERS COVE RD**
CITY-ST-ZIP **PANAMA CITY FL 32401**

4.1 TITLE **RD** ☒ Change ☐ Addition
4.2 NAME **HARRISON, JR, WILLIAM M.**
4.3 STREET ADDRESS **230 BUNKERS COVE RD**
4.4 CITY-ST-ZIP **PANAMA CITY, FL 32401**

TITLE **D** ☒ DELETE
NAME **MCLANE, DUNKIN**
STREET ADDRESS **2024 BAKER COURT**
CITY-ST-ZIP **PANAMA CITY FL 32401**

5.1 TITLE **D** ☒ Change ☐ Addition
5.2 NAME **ROTH Rowell**
5.3 STREET ADDRESS **321 BUNKERS COVE ROAD**
5.4 CITY-ST-ZIP **PANAMA CITY, FL 32401**

TITLE **S** ☐ DELETE
NAME **GERDE, JERRY**
STREET ADDRESS **239 E 4TH ST**
CITY-ST-ZIP **PANAMA CITY FL 32401**

6.1 TITLE **SD** ☒ Change ☐ Addition
6.2 NAME **GERDE, JERRY**
6.3 STREET ADDRESS **239 E 4TH ST**
6.4 CITY-ST-ZIP **PANAMA CITY, FL 32401**

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 duly authorized 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

2/29/98 850-769-3434

CR2E037 (10/97)