FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 PM 3:23

DOCUMENT # 702188 **(4)**

1. Corporation Name
EAU GALLIE YACHT CLUB

Principal Place of Business	Mailing Address
100 DATURA DRIVE INDIAN HARBOUR BEACH FL 32937	100 DATURA DRIVE INDIAN HARBOUR BEACH FL 32937

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/23/1961
3a. Date of Last Report: 03/22/1994
4. FEI Number: 59-0932703 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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

9. Name and Address of Current Registered Agent

VAN VEEN, HUGH
100 DATURA DRIVE
INDIAN HARBOUR BCH FL 32937

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 _____ 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	CD	1.1 TITLE		XX Change ☐ Addition
NAME	~~MCWILLIAMS, DAVID T~~	1.2 NAME	McCarthy, Gene	
STREET ADDRESS	100 DATURA DR	1.3 STREET ADDRESS		
CITY-ST-ZIP	INDIAN HRBR BCH, FL00000	1.4 CITY-ST-ZIP		
TITLE	VCD	2.1 TITLE		XX Change ☐ Addition
NAME	~~MCCARTHY GENE~~	2.2 NAME	Boyce, Tom	
STREET ADDRESS	100 DATURA DR.	2.3 STREET ADDRESS		
CITY-ST-ZIP	INDIAN HRBR. BEACH FL	2.4 CITY-ST-ZIP		
TITLE	RCD	3.1 TITLE		XX Change ☐ Addition
NAME	~~BOYCE, TOM~~	3.2 NAME	Gilliland, Joy	
STREET ADDRESS	100 DATURA DR.	3.3 STREET ADDRESS		
CITY-ST-ZIP	INDIAN HARBOUR BCH FL	3.4 CITY-ST-ZIP		
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	UNGER, PAUL	4.2 NAME		
STREET ADDRESS	100 DATURA DR	4.3 STREET ADDRESS		
CITY-ST-ZIP	INDAN HRBR BCH, FL00000	4.4 CITY-ST-ZIP		
TITLE	SD	5.1 TITLE		☐ Change XX Addition
NAME	~~NELSON, CRAIG SR~~	5.2 NAME	Pruitt, James E	
STREET ADDRESS	100 DATURA DRIVE	5.3 STREET ADDRESS		
CITY-ST-ZIP	INDIAN HRBR BCH FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
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)(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.

SIGNATURE: Gene McCarthy, Commodore 3/15/94 407-773-2600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0030175