

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 702188

(4)

1. Corporation Name

EAU GALLIE YACHT CLUB

Principal Place of Business

100 DATURA DRIVE
INDIAN HARBOUR BEACH FL 32937

Mailing Address

100 DATURA DRIVE
INDIAN HARBOUR BEACH FL 32937



3. Date Incorporated or Qualified

03/23/1961

3a. Date of Last Report

03/31/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-0932703

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

25

Country

29

Country

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	MCCARTHY, GENE	
STREET ADDRESS	100 DATURA DR	
CITY-ST-ZIP	INDIAN HRBR BCH, FL00000	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	BOYCE, TOM	
STREET ADDRESS	100 DATURA DR.	
CITY-ST-ZIP	INDIAN HRBR. BEACH FL	
TITLE	RCD	<input type="checkbox"/> DELETE
NAME	GILLILAND, JOY	
STREET ADDRESS	100 DATURA DR.	
CITY-ST-ZIP	INDIAN HARBOUR BCH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	UNGER, PAUL	
STREET ADDRESS	100 DATURA DR	
CITY-ST-ZIP	INDIAN HRBR BCH, FL00000	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	PRUITT, JAMES E	
STREET ADDRESS	100 DATURA DRIVE	
CITY-ST-ZIP	INDIAN HRBR BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	VCD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Edwards, Jim
4.3 STREET ADDRESS	100 Datura Drive
4.4 CITY-ST-ZIP	Indian Hrbr, Bch, FL
5.1 TITLE	RCD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Adams, Don
5.3 STREET ADDRESS	100 Datura Drive
5.4 CITY-ST-ZIP	Indian Hrbr Bch, FL
6.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Slack, John
6.3 STREET ADDRESS	100 Datura Drive
6.4 CITY-ST-ZIP	Indian Hrbr Bch, FL

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Tom Boyce
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/96

Date

407-773-2600

Daytime Phone #

CR2E037 (12/95)