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Mar 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32937-4427**



2. Principal Place of Business

2a. Mailing Address

21
Suite, Apt. #, etc

26
Suite, Apt. #, etc

22
City & State

27
City & State

23
Zip

25
Country

28
Zip

30
Country

3. Date Incorporated or Qualified
03/23/1961

3a. Date of Last Report
05/22/1996

4. FEI Number
59-0932703

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**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **TD
SLACK, JOHN**
STREET ADDRESS **100 DATURA DR**
CITY - ST - ZIP **INDIAN HRBR BCH FL**

TITLE ☒ DELETE

NAME **CD
BOYCE, TOM**
STREET ADDRESS **100 DATURA DR.**
CITY - ST - ZIP **INDIAN HRBR. BEACH FL**

TITLE ☐ DELETE

NAME **VCD
GILLILAND, JOY**
STREET ADDRESS **100 DATURA DR.**
CITY - ST - ZIP **INDIAN HARBOUR BCH FL**

TITLE ☐ DELETE

NAME **SD
EDWARDS, JIM**
STREET ADDRESS **100 DATURA DR**
CITY - ST - ZIP **INDIAN HRBR BCH, FL00000**

TITLE ☐ DELETE

NAME **RCD
ADAMS, DON**
STREET ADDRESS **100 DATURA DRIVE**
CITY - ST - ZIP **INDIAN HRBR BCH FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

**Secretary/Director
Unger, Paul
100 Datura Drive
Indian Harb Bch, FL**

14. I do 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.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joy Gilliland, Commodore

3/18/97

(407) 773-2600

Date

Daytime Phone # 0019754

CR2E037 (9/96)