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Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham 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**

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

3. Date Incorporated or Qualified

03/23/1961

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**

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

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	TD	<input checked="" type="checkbox"/> DELETE
NAME	SLACK, JOHN	
STREET ADDRESS	100 DATURA DR	
CITY-ST-ZIP	INDIAN HRBR BCH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	UNGER, PAUL	
STREET ADDRESS	100 DATURA DR	
CITY-ST-ZIP	INDIAN HRBR. BEACH FL	
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	GILLILAND, JOY	
STREET ADDRESS	100 DATURA DR.	
CITY-ST-ZIP	INDIAN HARBOUR BCH FL	
TITLE	RCD	<input type="checkbox"/> DELETE
NAME	EDWARDS, JIM	
STREET ADDRESS	100 DATURA DR	
CITY-ST-ZIP	INDIAN HRBR BCH, FL00000	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	ADAMS, DON	
STREET ADDRESS	100 DATURA DRIVE	
CITY-ST-ZIP	INDIAN HRBR BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: **Don Adams** Don Adams, Commodore 3/18/98 407-773-2600

CR2E037 (10/97)