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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

| DOCUN 1. Corporation | MENT # 702781 | (6) | | | | | | |
|--|--|---|------------------------------|---|--|--------------------------|----------------------------|--|
| r - | HARBORS YACHT CLUB, INC |) . | | | | | | |
| | | | | | | | | |
| Principal Place | of Business | Mailing Address | | | - 1 (0,0)% /00() 00()0 ()()() (6,00) (\$\$\\ \) | | | |
| 3926 MARINE | | | 3926 MARINE PARKWAY | | | | | |
| NEW PORT R | ICHEY FL 34652 | NEW PORT RICHEY FL | 34652 | | | | | |
| | | | | | 3. Date Incorporated or Qualified 08/14/1961 | 3a. Date of Last 05/01/1 | | |
| 2. Principal Place of Business 2a. Mailing Address | | | | | 4. FEI Number 59-1714051 | + | Applied For | |
| 21 Suite, Apt. # | #. etc. | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | \$8.75 | | Not Applicable Additional | |
| 22 | | 27 | 7 | | 5. Certificate of Status Desired | 7 7 7 7 | Required | |
| City & State | ; | City & State | | | Election Campaign Financing Trust Fund Contribution | | May Be | |
| Zip | Country Zip Co | | | ··· - · - · - · · · · · · · · · · · · · | 8. This corporation has liability for intangible tax under s. 199.032, | | | |
| 24 | 9. Name and Address of Current | 29 Registered Agent | 30] | | Florida Statutes 10. Name and Address of New Re | Yes No | | |
| 81 Name | | | | Name) | Navia Kanaud | | | |
| OLSON, CAROL A | | | 82 | Street Addre | ss (P.O. Box Number Is Not Acceptable |) #==== | | |
| 4940 SUNSET BLVD. | | | 83 | 993 | 9 FLORAMAN TEL | ८ भ्रम् | | |
| PORT RICHEY EL SARRA | | | | | 03 | | | |
| TOTAL HIGHELT LE STOOT | | | | New | POLT KICHEN | FL 85 3 | 1652 | |
| Pursuant to or registere | o the provisions of Sections 617.0502 a ed agent, or both_in the State of Florida | and 617.1508, Florida Statut a. Such change was authoriz | es, the above-n | amed corpora | tion submits this statement for the purp | ose of changing its | registered office | |
| (| <i>(1)</i> | | | | of directors. I hereby accept the appoin | | | |
| SIGNATURE | Signature, typed or printed hame of 1/3 stered agent an | Commo Dor C nd tille if applicable. (NC | TE: Registered Agen | signature required | when reinstating) | 24-96 DATE | | |
| 12. | OFFICERS AND | | 13. | | ADDITIONS/CHANGES TO OFFIC | | | |
| TITLE | OLSON, CAROL | DELETE | 1.1 TITLE 1.2 NAME | 154 | WIN KADAUM | Change | ☐ Addition | |
| STREET ADDRESS | 4940 SUNSET BLVD. | | 1.3 STREET | ADDRESS 49 | VID KAPAUM 139 FLOKAME TEK: W POST LICHEY FL S | 503 | | |
| CITY-ST-ZIP | PORT RICHEY FL | | 1.4 CITY-S | 1-ZIP NC | W POXT LICHEY FL. J. | 1652 | | |
| TIFLE | D D | DELETE | 2.1 TITLE | | | Change | Addition | |
| NAME | SLAGER, JOE 5416 LEEWOOD LANE | | 22 NAME | | | | | |
| STREET ADDRESS CITY-ST-ZIP | NEW PORT RICHEY FL | | 2.3 STREET 2. 4 CITY - S | | | | | |
| TITLE | V | DELETE | 3.1 TITLE | 1/ | | Change | Addition | |
| NAME | RUEPPEL, JOYCE | - | 3.2 NAME | 41 | heles schuler | | | |
| STREET ADDRESS | 4715 JASPER DRIVE, #L102 | | 3.3 STREET | ADDRESS 4// | Axles Schulex 57 fexty Pt ewfort Lickey Fl D | 2000 | | |
| CITY-ST-ZIP TITLE | NEW PORT RICHEY FL SDD | DELETE | 3.4 CITY - 5 4.1 TITLE | T-ZIP MG | EW POLT KICKEY FU | Change | ☐ Addition | |
| NAME | NEWTON, FAITH | Abeter | 4. 2 NAME | 5) Be | TTV SNVDEN . | Change | L Addition | |
| STREET ADDRESS | 4152 PERRY PL | | 4.3 STREET | ADDRESS 62 | D 1784 SNYDER 100 SPOON BILL DL 1.W PONT LICKLY F | | | |
| CITY-ST-ZIP | NPR FL | | 4.4 City-S | T-ZIP NE | ew fort Liebey F | -6 3960 | 7 | |
| TITLE | D OLGON WHILIAM | DELETE | 5.1 TITLE | | , | Change | ☐ Addition | |
| NAME STREET ADDRESS | OLSON, WILLIAM 4940 SUNSET BOULEVARD | | 5.2 NAME 5.3 STREET | AUDDECC | | | | |
| CITY-ST-ZIP | PORT RICHEY FL | | 5.4 CITY-S | - 1 | | | | |
| TITLE | T | DELETE | 6.1 TITLE | | | ☐ Change | Addition | |
| NAME | JANIK, ARDYTH | | 62 NAME | 1 | | بيعر | | |
| STREET ADDRESS | 4441 GARNET DRIVE | | 63 STREET | | | عر ا | | |
| CITY-ST-ZIP 14. I do hereb | NEW PORT RICHEY FL by certify that the information supplied w | ith this filing is voluntarily furr | 64 CITY-S hished and does | | r the exemption stated in Section 119.0 | 7(3)(k), Florida Statu | tes. 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:

SKINATURE AND FORMATED NAME OF SIGNING OFFICER OR DIRECTOR DESCRIPTION DUE DUE DESCRIPTIONS