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FILED

May 06 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Morthart  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 702781 (6)

1. Corporation Name

GULF HARBORS YACHT CLUB, INC.

Principal Place of Business

3926 MARINE PARKWAY  
NEW PORT RICHEY FL 34652

Mailing Address

3926 MARINE PARKWAY  
NEW PORT RICHEY FL 34652-3142

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City &amp; State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City &amp; State

29 Zip

30 Country

3. Date Incorporated or Qualified

08/14/1961

3a. Date of Last Report

02/01/1996

4. FEI Number

59-1714051

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes☐ No

9. Name and Address of Current Registered Agent

KAPAUN, DAVID  
4939 FLORAMAL TERRACE  
503  
NEW PORT RICHEY FL 34652

10. Name and Address of New Registered Agent

81 Name

JOSEPHINE SHARP

82 Street Address (P.O. Box Number is Not Acceptable)

3908 MARINE PKWY

83

84 City

NEW PORT RICHEY FL

85 Zip Code

34652

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 type: printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME OLSON, CAROL  
STREET ADDRESS 4940 SUNSET BLVD.  
CITY-ST-ZIP PORT RICHEY FL  
☒ DELETETITLE D  
NAME SLAGER, JOE  
STREET ADDRESS 5416 LEEWOOD LANE  
CITY-ST-ZIP NEW PORT RICHEY FL  
☒ DELETETITLE V  
NAME SCHULER, CHARLES  
STREET ADDRESS 4157 PERRY PL  
CITY-ST-ZIP NEW PORT RICHEY FL  
☒ DELETETITLE SDD  
NAME SNYDER, BETTY  
STREET ADDRESS 6200 SPOONBILL DRIVE  
CITY-ST-ZIP NEW PORT RICHEY FL  
☒ DELETETITLE D  
NAME OLSON, WILLIAM  
STREET ADDRESS 4940 SUNSET BOULEVARD  
CITY-ST-ZIP PORT RICHEY FL  
☒ DELETETITLE T  
NAME JANIK, ARDYTH  
STREET ADDRESS 4441 GARNET DRIVE  
CITY-ST-ZIP NEW PORT RICHEY FL  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE COMMODORE  
1.2 NAME JOSEPHINE SHARP  
1.3 STREET ADDRESS 3908 MARINE PKWY  
1.4 CITY-ST-ZIP NEW PORT RICHEY FL 34652  
☒ Change ☐ Addition2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP3.1 TITLE REAR COMMODORE  
3.2 NAME INGRID SCHULER  
3.3 STREET ADDRESS 4157 PERRY PL  
3.4 CITY-ST-ZIP NEW PORT RICHEY FL 34652  
☒ Change ☐ Addition4.1 TITLE SECRETARY  
4.2 NAME ANGELA LOMBARDO  
4.3 STREET ADDRESS 4126 PERRY PLACE  
4.4 CITY-ST-ZIP NEW PORT RICHEY FL 34652  
☒ Change ☐ Addition5.1 TITLE DIRECTOR  
5.2 NAME JOHN BUTTON  
5.3 STREET ADDRESS 5657 SEA FOREST DR 3916  
5.4 CITY-ST-ZIP NEW PORT RICHEY FL 34652  
☒ Change ☐ Addition6.1 TITLE TREASURER  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

Josephine L. Sharp

Date

Daytime Phone # 0067958

CR2E037 (9/96)