


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90060 040 ****61.25

03/1/99

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 702781					
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		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		08/14/1961	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1714051	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KING, JOSEPH 4520 MITCHER DR. NEW PORT RICHEY FL 34652				81 Name			
				RONALD BRUCH			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				5044 OYSTER COVE			
				83			
				NEW PORT RICHEY FL. 34652			
				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	C	<input type="checkbox"/> DELETE					
NAME	KING, JOSEPH						
STREET ADDRESS	4620 MITCHER RD						
CITY-ST-ZIP	NEW PORT RICHEY FL 34652						
TITLE	VC	<input type="checkbox"/> DELETE					
NAME	BRUCH, RONALD						
STREET ADDRESS	5044 OYSTER COVE						
CITY-ST-ZIP	NEW PORT RICHEY FL 34652						
TITLE	RC	<input type="checkbox"/> DELETE					
NAME	MANLIO, FERDINAND						
STREET ADDRESS	5441 WEST SHORE DR						
CITY-ST-ZIP	NEW PORT RICHEY FL 34652						
TITLE	D	<input type="checkbox"/> DELETE					
NAME	LEMON, JOHN						
STREET ADDRESS	6520 PINE WALK DR						
CITY-ST-ZIP	NEW PORT RICHEY FL 34652						
TITLE	D	<input type="checkbox"/> DELETE					
NAME	SCHMEDEMAN, THOMAS						
STREET ADDRESS	4100 FLORAMAR TERK						
CITY-ST-ZIP	NEW PORT RICHEY FL 34652						
TITLE	T	<input type="checkbox"/> DELETE					
NAME	JANIK, ARDYTH						
STREET ADDRESS	4441 GARNET DRIVE						
CITY-ST-ZIP	NEW PORT RICHEY FL						
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
1.1 TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME	RONALD BRUCH						
1.3 STREET ADDRESS	5044 OYSTER COVE						
1.4 CITY-ST-ZIP	NEW PORT RICHEY FL. 34652						
2.1 TITLE	VC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME	RAYMOND MILLER						
2.3 STREET ADDRESS	3335 ALLANDALE DRIVE HOLIDAY FL. 34691						
2.4 CITY-ST-ZIP							
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
3.2 NAME	BETTY SYNDER						
3.3 STREET ADDRESS	9621 CONSERVATION DR						
3.4 CITY-ST-ZIP	NEW PORT RICHEY FL 34655						
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
4.2 NAME	BETTE FLYNN						
4.3 STREET ADDRESS	1913 TUMBLEWOOD DR, HOLIDAY FL. 34690						
4.4 CITY-ST-ZIP							
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
5.2 NAME	ETHEL MILLER						
5.3 STREET ADDRESS	3335 ALLANDALE DRIVE						
5.4 CITY-ST-ZIP	HOLIDAY FL 34691						
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
6.2 NAME	CLIFF SYNDER						
6.3 STREET ADDRESS	9621 CONSERVATION DR.						
6.4 CITY-ST-ZIP	NEW PORT RICHEY FL 32655						

14. I 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, with all other like empowered.

SIGNATURE: Ethel Miller REQUIRED ETHEL MILLER 1/8/99 938-5724
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)