FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 14 AM 9:21

DOCUMENT # 703135 (4)

1. Corporation Name

THE ORMOND BEACH YACHT CLUB INC.

Principal Place of Business	Mailing Address
63 N. BEACH ST. ORMOND BEACH FL 32174-5601 US	% ROYDEN PEARSON 75 LINCOLN AVE. ORMOND BEACH FL 32174-5617

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/31/1961
3a. Date of Last Report: 04/12/1994
4. FEI Number: 23-7190052 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

WILLIAMS, EARL
61 LINCOLN AVE.
ORMOND BEACH FL 32174

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE		☐ Change ☒ Addition
NAME	WILLIAMS, EARL	1.2 NAME		
STREET ADDRESS	61 LINCOLN AVENUE	1.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL	1.4 CITY-ST-ZIP	32174-5617	
TITLE	V	2.1 TITLE	V	☒ Change ☐ Addition
NAME	LATOUR, RENE	2.2 NAME	SEVERANCE, GEORGE	
STREET ADDRESS	200 N. YONGE ST.	2.3 STREET ADDRESS	83 NEW BRITAIN AVE	
CITY-ST-ZIP	ORMOND BEACH FL	2.4 CITY-ST-ZIP	ORMOND BEACH FL 32174-5623	
TITLE	ST	3.1 TITLE		☐ Change ☒ Addition
NAME	PEARSON, ROYDEN A.	3.2 NAME		
STREET ADDRESS	75 LINCOLN AVENUE	3.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL	3.4 CITY-ST-ZIP	32174-5617	
TITLE	D	4.1 TITLE		☐ Change ☒ Addition
NAME	PARKS, BRYAN	4.2 NAME		
STREET ADDRESS	137 DIX AVE.	4.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL	4.4 CITY-ST-ZIP	32174-5609	
TITLE	D	5.1 TITLE		☐ Change ☒ Addition
NAME	ISENBERG, DAVID	5.2 NAME		
STREET ADDRESS	32 LAKE PARK CIRCLE	5.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL	5.4 CITY-ST-ZIP	32174-6916	
TITLE	D	6.1 TITLE		☐ Change ☒ Addition
NAME	HARRIS, ANDY	6.2 NAME		
STREET ADDRESS	69 LORILLARD PL	6.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL	6.4 CITY-ST-ZIP	32174-7038	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: ROYDEN A. PEARSON S/T Royden A Pearson 4-10-95 904-677-4660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004721