

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/31/1961</b>		3a. Date of Last Report <b>04/14/1995</b>	
21		26		4. FEI Number <b>23-7190052</b>		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
23		28					
Zip	Country	Zip	Country				
24		29					

## 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 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	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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	<b>32174-5617</b>
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SEVERANCE, GEORGE	2.2 NAME	
STREET ADDRESS	83 NEW BRITAIN AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	ORMOND BEACH FL	2.4 CITY - ST - ZIP	<b>32174-5623</b>
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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	<b>32174-5617</b>
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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	<b>32174-509</b>
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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	<b>32174-6916</b>
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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	<b>32174-7038</b>

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)(k), 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 Pearson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.20.96 904.677.4660  
Date Daytime Phone #

CR2E037 (12/95)