

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90098 024 \*\*\*\*61.25

0003295

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 703135**

1. Corporation Name

**THE ORMOND BEACH YACHT CLUB INC.**

Principal Place of Business

63 N. BEACH ST.  
ORMOND BEACH FL 32174-5601  
US

Mailing Address

P O BOX 731111  
ORMOND BEACH FL 32173  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

10/31/1961

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

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

TITLE ☐ DELETE

NAME **P WILLIAMS, EARL**  
STREET ADDRESS **61 LINCOLN AVENUE**  
CITY-ST-ZIP **ORMOND BEACH FL**

TITLE ☐ DELETE

NAME **V SEVERANCE, GEORGE**  
STREET ADDRESS **83 NEW BRITAIN AVE**  
CITY-ST-ZIP **ORMOND BEACH FL**

TITLE ☐ DELETE

NAME **ST BOHR, DENNIS**  
STREET ADDRESS **P O BOX 731111 N/A**  
CITY-ST-ZIP **ORMOND BEACH FL 32173**

TITLE ☐ DELETE

NAME **D ALFREDSON, PALE**  
STREET ADDRESS **P O BOX 251295 N/A**  
CITY-ST-ZIP **HOLLY HILL FL 32125**

TITLE ☒ DELETE

NAME **D ISENBERG, DAVID**  
STREET ADDRESS **32 LAKE PARK CIRCLE**  
CITY-ST-ZIP **ORMOND BEACH FL**

TITLE ☐ DELETE

NAME **D HARRIS, ANDY**  
STREET ADDRESS **69 LORILLARD PL**  
CITY-ST-ZIP **ORMOND BEACH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**32174**

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**32174**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**ST DENNIS BOHR**  
**10 PRAIRIEVIEW LANE**  
**ORMOND BEACH FL 32174**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

**DIRECTOR**  
**JAN SPANGLER**  
**174 SOUTH RIDGEWOOD AVE**  
**ORMOND BEACH FL 32174**

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**32174**

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:

*Dennis Bohr*  
**DENNIS BOHR 3/15/99**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)