

FILE NOW: FILING FEE IS \$61.25

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Jan 30 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **703703** (9)

1. Corporation Name

**VENICE YACHT CLUB INC**

Principal Place of Business

**VENICE YACHT CLUB, INC.  
1330 TARPON CENTER DR.  
VENICE FL 34285  
US**

Mailing Address

**VENICE YACHT CLUB, INC.  
1330 TARPON CENTER DR.  
VENICE FL 34285  
US**

3. Date Incorporated or Qualified

**03/13/1962**

4. FEI Number

**59-0655991**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ISPHORDING, ROGER  
1330 TARPON CENTER DRIVE  
VENICE FL 34285**

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	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>LATTA, JOHN R.</b>	
STREET ADDRESS	<b>P.O. BOX 659</b>	
CITY-ST-ZIP	<b>NOKOMIS FL</b>	

1.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>MC FADDEN, MARVIN G.</b>	
1.3 STREET ADDRESS	<b>925 DARTMOOR CIRCLE</b>	
1.4 CITY-ST-ZIP	<b>NOKOMIS, FL 34275</b>	

TITLE	<b>DVT</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MC FADDEN, MARVIN G.</b>	
STREET ADDRESS	<b>925 DARTMOOR CIRCLE</b>	
CITY-ST-ZIP	<b>NOKOMIS FL</b>	

2.1 TITLE	<b>DVT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>MC LAUGHLIN, JOHN A.</b>	
2.3 STREET ADDRESS	<b>513 WEXFORD DRIVE</b>	
2.4 CITY-ST-ZIP	<b>VENICE, FL 34293</b>	

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MC LAUGHLIN, JOHN A.</b>	
STREET ADDRESS	<b>513 WEXFORD DRIVE</b>	
CITY-ST-ZIP	<b>VENICE FL</b>	

3.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>HILL, JAMES C.</b>	
3.3 STREET ADDRESS	<b>605 FOUR BAYS DRIVE</b>	
3.4 CITY-ST-ZIP	<b>NOKOMIS, FL 34275</b>	

TITLE	<b>M</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MOORE, JR. C</b>	
STREET ADDRESS	<b>712 VALENCIA ROAD</b>	
CITY-ST-ZIP	<b>VENICE FL</b>	

4.1 TITLE	<b>M</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>MOORE, JR., C. ATWELL</b>	
4.3 STREET ADDRESS	<b>712 VALENCIA ROAD</b>	
4.4 CITY-ST-ZIP	<b>VENICE, FL 34285</b>	

TITLE	<b>DS</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HILL, JAMES C.</b>	
STREET ADDRESS	<b>605 FOUR BAYS DRIVE</b>	
CITY-ST-ZIP	<b>NOKOMIS FL</b>	

5.1 TITLE	<b>DS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>SCHULTZ, JOHN A.</b>	
5.3 STREET ADDRESS	<b>28 INLETS BLVD.</b>	
5.4 CITY-ST-ZIP	<b>NOKOMIS, FL 34275</b>	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE:

*C. Atwell Moore Jr.*  
SIGNATURE: **C. ATWELL MOORE JR.**

**GENERAL MGR. (41) 488-7708**

CR2E037 (10/97)