


FILE NOW: FILING FEE IS \$61.25

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

02-22-1999 90060 040 \*\*\*\*70.00

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 703703</b>					
1. Corporation Name <b>VENICE YACHT CLUB INC</b>					
Principal Place of Business <b>VENICE YACHT CLUB, INC. 1330 TARPON CENTER DR. VENICE FL 34285 US</b>			Mailing Address <b>VENICE YACHT CLUB, INC. 1330 TARPON CENTER DR. VENICE FL 34285 US</b>		

94482 90060 40



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified <b>03/13/1962</b>	
				4. FEI Number <b>59-0655991</b>	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>ISPHORDING, ROGER 1330 TARPON CENTER DRIVE VENICE FL 34285</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCFADDEN, MARVIN G</b>	1.2 NAME	<b>McLAUGHLIN, JOHN A.</b>
STREET ADDRESS	<b>925 DARTMOOR CIRCLE</b>	1.3 STREET ADDRESS	<b>513 WEXFORD DRIVE</b>
CITY-ST-ZIP	<b>NOKOMIS FL 34275</b>	1.4 CITY-ST-ZIP	<b>VENICE, FL 34293-4479</b>
TITLE	DVT <input type="checkbox"/> DELETE	2.1 TITLE	DVT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>McLAUGHLIN, JOHN A</b>	2.2 NAME	<b>HILL, JAMES C.</b>
STREET ADDRESS	<b>513 WEXFORD DRIVE</b>	2.3 STREET ADDRESS	<b>605 FOUR BAYS DRIVE</b>
CITY-ST-ZIP	<b>VENICE FL 34293</b>	2.4 CITY-ST-ZIP	<b>NOKOMIS, FL 34275</b>
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HILL JAMES C</b>	3.2 NAME	<b>SCHULTZ, JOHN A.</b>
STREET ADDRESS	<b>605 FOUR BAYS DRIVE</b>	3.3 STREET ADDRESS	<b>28 INLETS BLVD.</b>
CITY-ST-ZIP	<b>NOKOMIS FL 34275</b>	3.4 CITY-ST-ZIP	<b>NOKOMIS, FL</b>
TITLE	M <input type="checkbox"/> DELETE	4.1 TITLE	M <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOORE, JR. C</b>	4.2 NAME	<b>MOORE, JR., C. ATWELL</b>
STREET ADDRESS	<b>712 VALENCIA ROAD</b>	4.3 STREET ADDRESS	<b>712 VALENCIA ROAD</b>
CITY-ST-ZIP	<b>VENICE FL 34285</b>	4.4 CITY-ST-ZIP	<b>VENICE, FL 34285</b>
TITLE	DS <input type="checkbox"/> DELETE	5.1 TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SCHULTZ, JOHN A</b>	5.2 NAME	<b>DOMEROWSKI, JOSEPH M.</b>
STREET ADDRESS	<b>28 INLETS BLVD.</b>	5.3 STREET ADDRESS	<b>453 YACHT HARBOR DRIVE</b>
CITY-ST-ZIP	<b>NOKOMIS FL 34275</b>	5.4 CITY-ST-ZIP	<b>OSPREY, FL 34229</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/98 (941) 488-7708

Date

Daytime Phone #

CR2E037 (11/98)