

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90041 013 ****70.00

DOCUMENT # 703703

1. Entity Name
VENICE YACHT CLUB, INC.



Principal Place of Business
**1330 TARPON CENTER DRIVE
VENICE, FL 34285 US**

Mailing Address
**1330 TARPON CENTER DRIVE
VENICE, FL 34285 US**

02000100



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-0655991

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOONE, E G ESQ
1001 AVENIDA DEL CIRCO
VENICE, FL 34285**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
NAME **PRICE, FRANCIS W MD**
STREET ADDRESS **346 LANSBROOK DR**
CITY-ST-ZIP **VENICE, FL 34292**

TITLE **D** ☐ Change ☒ Addition
NAME **HIGGINSON, B.E. "BUD"**
STREET ADDRESS **124 TINA ISLAND DRIVE**
CITY-ST-ZIP **OSPREY, FL 34229**

TITLE **SD** ☒ Delete
NAME **BOYD, A. SHAPLEIGH III**
STREET ADDRESS **840 THE ESPLANADE N #602**
CITY-ST-ZIP **VENICE, FL 342851553**

TITLE **VTD** ☐ Change ☒ Addition
NAME **SKINNER, ERNIE**
STREET ADDRESS **214 VESTAVIA DRIVE**
CITY-ST-ZIP **VENICE, FL 34292**

TITLE **D** ☒ Delete
NAME **MAYER, BRUCE**
STREET ADDRESS **143 DORY LN**
CITY-ST-ZIP **OSPREY, FL 34229**

TITLE **D** ☐ Change ☒ Addition
NAME **MACPHERSON, E. TAYLOR**
STREET ADDRESS **235 SOUTHAMPTON DRIVE**
CITY-ST-ZIP **VENICE, FL 34293**

TITLE **D** ☒ Delete
NAME **GUBA, RICHARD A**
STREET ADDRESS **377 EDEN DRIVE**
CITY-ST-ZIP **ENGLEWOOD, FL 34223**

TITLE **SD** ☐ Change ☒ Addition
NAME **TAYLOR, TOM**
STREET ADDRESS **532 MARSH CREEK ROAD**
CITY-ST-ZIP **VENICE, FL 34292**

TITLE **VTD** ☒ Delete
NAME **BARKER, MAX W**
STREET ADDRESS **212 WETHERBY STREET**
CITY-ST-ZIP **VENICE, FL 342938217**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(441) 488-7708