

# 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 # **704357** (3)

1. Corporation Name

**THE NORTH PORT YACHT CLUB, INC.**



Principal Place of Business

Mailing Address

7050 CHANCELLOR BLVD  
PO BOX 7132  
NORTH PORT FL 34287-0132

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PO BOX 7132  
NORTH PORT FL 34287-0132

3. Date Incorporated or Qualified  
**07/31/1962**

3a. Date of Last Report  
**03/20/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**59-6179969**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution

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

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PRIVITERA, SALVATORE  
5013 KINGSLEY  
N PORT FL 34287**

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 officer 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

**Privitera, Salvatore**

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>C</b>	<input type="checkbox"/> DELETE
NAME	<b>SCHARDEL, FRANK</b>	
STREET ADDRESS	<b>8056 CASADES</b>	
CITY-ST-ZIP	<b>NORTH PORT FL</b>	
TITLE	<b>VC</b>	<input type="checkbox"/> DELETE
NAME	<b>BENNETT, ALICE</b>	
STREET ADDRESS	<b>103 BERMUDA WAY</b>	
CITY-ST-ZIP	<b>NORTH PORT FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>BISER, OLIVE</b>	
STREET ADDRESS	<b>6385 SCORPIO</b>	
CITY-ST-ZIP	<b>NORTH PORT FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>DUNAWAY, JEAN</b>	
STREET ADDRESS	<b>6448 SAFFORD TERRACE</b>	
CITY-ST-ZIP	<b>NORTH PORT FL</b>	
TITLE	<b>AT</b>	<input type="checkbox"/> DELETE
NAME	<b>ROBISON, BETY</b>	
STREET ADDRESS	<b>12022 CHANCELLOR BLVD.</b>	
CITY-ST-ZIP	<b>PORT CHARLOTTE FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>PRIVITERA, SALVATORE</b>	
STREET ADDRESS	<b>5013 KINGSLEY</b>	
CITY-ST-ZIP	<b>N PORT FL</b>	

1.1 TITLE	<b>C</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>BENNETT, ALICE</b>	
1.3 STREET ADDRESS	<b>103 BERMUDA WAY</b>	
1.4 CITY-ST-ZIP	<b>NORTH PORT, FL.</b>	
2.1 TITLE	<b>VC</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>CAMPBELL, GENE</b>	
2.3 STREET ADDRESS	<b>1011 CLEARVIEW DR.</b>	
2.4 CITY-ST-ZIP	<b>PORT CHARLOTTE, FL.</b>	
3.1 TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>MURPHY, DIANE</b>	
3.3 STREET ADDRESS	<b>206 McDILL DR.</b>	
3.4 CITY-ST-ZIP	<b>PORT CHARLOTTE, FL.</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	<b>AT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>SIMPSON, EVELYN</b>	
5.3 STREET ADDRESS	<b>7570 LYNCREST ST.</b>	
5.4 CITY-ST-ZIP	<b>NORTH PORT, FL.</b>	
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 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: **Alice Bennett** **Commodore**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*March 1, 1996* (941) 426-6166

DATE

DAYTIME PHONE #

CR2E037 (12/95)