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Mar 11 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

3. Date Incorporated or Qualified: 07/31/1962  
3a. Date of Last Report: 03/11/1996

2. Principal Place of Business (21-23) and Mailing Address (2a-24) details including Suite, Apt #, City & State, Zip, and Country.  
4. FEI Number: 59-6179969  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: PRIVITERA, SALVATORE 5013 KINGSLEY N PORT FL 34287  
10. Name and Address of New Registered Agent: (81-84) Name, Street Address (P.O. Box Number is Not Acceptable), City, State (FL), Zip Code. Handwritten: SAME

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|---|---|--|
| TITLE                      | C <input type="checkbox"/> DELETE             | 1.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BENNETT, ALICE                                | 1.2 NAME  |  |
| STREET ADDRESS             | 103 BERMUDA WAY                               | 1.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            | NORTH PORT FL                                 | 1.4 CITY - ST - ZIP                                   |  |
| TITLE                      | VC <input checked="" type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | CAMPBELL, GENE                                | 2.2 NAME  | VC member Olive  |
| STREET ADDRESS             | 1011 CLEARVIEW DRIVE                          | 2.3 STREET ADDRESS                                    | 8385 Scorpio   |
| CITY - ST - ZIP            | PORT CHARLOTTE FL                             | 2.4 CITY - ST - ZIP                                   | North Port, Fl.  |
| TITLE                      | S <input type="checkbox"/> DELETE             | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | MURPHY, DIANE                                 | 3.2 NAME  |  |
| STREET ADDRESS             | 208 MCDILL DRIVE                              | 3.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            | PORT CHARLOTTE FL                             | 3.4 CITY - ST - ZIP                                   |  |
| TITLE                      | T <input type="checkbox"/> DELETE             | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | DUNAWAY, JEAN                                 | 4.2 NAME  |  |
| STREET ADDRESS             | 6448 SAFFORD TERRACE                          | 4.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            | NORTH PORT FL                                 | 4.4 CITY - ST - ZIP                                   |  |
| TITLE                      | AT <input type="checkbox"/> DELETE            | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | SIMPSON, EVELYN                               | 5.2 NAME  |  |
| STREET ADDRESS             | 7570 LYNCREST STREET                          | 5.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            | NORTH PORT FL                                 | 5.4 CITY - ST - ZIP                                   |  |
| TITLE                      | TD <input type="checkbox"/> DELETE            | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | PRIVITERA, SALVATORE                          | 6.2 NAME  |  |
| STREET ADDRESS             | 5013 KINGSLEY                                 | 6.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            | N PORT FL                                     | 6.4 CITY - ST - ZIP                                   |  |

14. I do 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: \_\_\_\_\_ (NOTE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR REQUIRED) Date: Feb 24 1997 Daytime Phone # 0064531

CR2E037 (9/96)