


FILE NOW: FILING FEE IS \$61.25

FILED

**Mar 17 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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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		7050 CHANCELLOR BLVD PO BOX 7132 NORTH PORT FL 34287-0132	
21	22	26	27
2. Principal Place of Business		2a. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
23 City & State		28 City & State	
24 Zip	25 Country	29 Zip	30 Country

3. Date Incorporated or Qualified
07/31/1962

4. FEI Number
59-6179969

Applied For
 Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	C <input checked="" type="checkbox"/> DELETE
NAME	BENNETT, ALICE
STREET ADDRESS	103 BERMUDA WAY
CITY-ST-ZIP	NORTH PORT FL
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	DISER, OLIVE
STREET ADDRESS	6385 SCORPIO
CITY-ST-ZIP	NORTH PORT FL
TITLE	S <input type="checkbox"/> DELETE
NAME	MURPHY, DIANE
STREET ADDRESS	206 MCDILL DRIVE
CITY-ST-ZIP	PORT CHARLOTTE FL
TITLE	T <input type="checkbox"/> DELETE
NAME	DUNAWAY, JEAN
STREET ADDRESS	6448 SAFFORD TERRACE
CITY-ST-ZIP	NORTH PORT FL
TITLE	AT <input type="checkbox"/> DELETE
NAME	SIMPSON, EVELYN
STREET ADDRESS	7570 LYNCREST STREET
CITY-ST-ZIP	NORTH PORT FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	PRIVITERA, SALVATORE
STREET ADDRESS	5013 KINGSLEY
CITY-ST-ZIP	N PORT FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Privitera, Dorothea
1.3 STREET ADDRESS	5013Kingsley Rd.
1.4 CITY-ST-ZIP	North Port, Fl
2.1 TITLE	VC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Donald, Dorfer
2.3 STREET ADDRESS	6348 Kenwood Dr.
2.4 CITY-ST-ZIP	North Port, Fl.
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 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: *Privitera Salvatore* 2-22-98 911-421-1111

CP2E037 (10/97)