

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 # 705291 (3)
1. Corporation Name
VERO BEACH YACHT CLUB, INC.



Principal Place of Business: 3601 RIO VISTA BLVD, VERO BEACH FL 32963
Mailing Address: 3601 RIO VISTA BLVD, VERO BCH. FL 32963, US

3. Date Incorporated or Qualified: 03/06/1963
3a. Date of Last Report: 04/18/1995

2. Principal Place of Business: 21 NO CHANGE
2a. Mailing Address: 26 NO CHANGE
22 Suite, Apt. #, etc.
23 City & State
24 Zip, 25 Country
27 Suite, Apt. #, etc.
28 City & State
29 Zip, 30 Country

4. FEI Number: 59-1203027
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
ALBRECHT, DAVID F.
601 21ST ST., SUITE 401
VERO BEACH FL 32960

10. Name and Address of New Registered Agent
81 Name: NO CHANGE
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 617.150R, 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: SAME AS ABOVE DATE: 4-11-96

12. OFFICERS AND DIRECTORS

TITLE	RCD	<input type="checkbox"/> DELETE
NAME	ALM, ROBERT	
STREET ADDRESS	14 TARPON DRIVE	
CITY - ST - ZIP	VERO BEACH FL	
TITLE	VCD	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, JAY	
STREET ADDRESS	630 EUGENIA ROAD	
CITY - ST - ZIP	VERO BEACH FL	
TITLE	DFC	<input checked="" type="checkbox"/> DELETE
NAME	WISE, ROBERT	
STREET ADDRESS	2140 OYSTER BAY DRIVE	
CITY - ST - ZIP	VERO BEACH FL	
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	GROSSETT, JACK	
STREET ADDRESS	1816 S. OCEAN DRIVE	
CITY - ST - ZIP	VERO BEACH FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	HARDEEN, PETER	
STREET ADDRESS	1540 SABLE CT.	
CITY - ST - ZIP	VERO BEACH FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MARTIN, G.E. M III	
STREET ADDRESS	OLD DIXIE & HOBART ROAD	
CITY - ST - ZIP	WINTER BCH. FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	COMMODORE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HI IN COLUMN 12	
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	VCD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	EDWARD LLERENA	
2.3 STREET ADDRESS	924 RICHARD DRIVE	
2.4 CITY - ST - ZIP	VERO BEACH FL 32963	
3.1 TITLE	RCD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DANIEL SHIRLEY	
3.3 STREET ADDRESS	5101 NORTH A-1 AVILLAY	
3.4 CITY - ST - ZIP	VERO BEACH FL 32963	
4.1 TITLE	FLEET CAPTAIN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DR WALTER SCHWARTZ	
4.3 STREET ADDRESS	310A PARK SHORES CIRCLE	
4.4 CITY - ST - ZIP	VERO BEACH FL 32963	
5.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	RICHARD SMITH	
5.3 STREET ADDRESS	1850 BAY ROAD APT PH-D.	
5.4 CITY - ST - ZIP	VERO BEACH FL 32963	
6.1 TITLE	TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	ANN PHRENER	
6.3 STREET ADDRESS	4138 SILVER PALM DRIVE	
6.4 CITY - ST - ZIP	VERO BEACH FL 32963	

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: [Signature] Date: 4-11-96 Daytime Phone #: 407-231-2211

CR2E037 (12/95)