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**Feb 05 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 03/06/1963	
4. FEI Number 59-1203027	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Sulte, Apt. #, etc.	28 Sulte, Apt. #, etc.
22 City & State	27 City & State
23 Zip	29 Zip
24 Country	30 Country

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	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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	LLERENA, EDWARD	
STREET ADDRESS	924 RIOMAR DRIVE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	SHIRLEY, DANIEL	
STREET ADDRESS	5101 NORTH A1A. VILLA 4	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	RCD	<input type="checkbox"/> DELETE
NAME	SCHWARTZ, WALTER DR.	
STREET ADDRESS	210A PARK SHORES CIRCLE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	FC	<input checked="" type="checkbox"/> DELETE
NAME	MONTFORD, ABS	
STREET ADDRESS	113 E. HARBOR DRIVE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	RICHARD SMITH	
STREET ADDRESS	1850 BAY ROAD APT PH D	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SCHWARTS, WALTER DR.	
STREET ADDRESS	210A PARK SHORES CIRCLE	
CITY-ST-ZIP	VERO BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	RCD BARRINGER, JOHN
1.3 STREET ADDRESS	275 DATE PALM ROAD #402
1.4 CITY-ST-ZIP	VERO BEACH, FL 32693
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	C
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VCD
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	FC BOWEN, CRAIG
4.3 STREET ADDRESS	555 HOLLY ROAD
4.4 CITY-ST-ZIP	VERO BEACH, FL 32963
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 checked="" type="checkbox"/> Addition
6.2 NAME	TD BLACK, ELDRIDGE J.
6.3 STREET ADDRESS	304 HOLLY ROAD
6.4 CITY-ST-ZIP	VERO BEACH FL 32963

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: _____ DATE: **1/29/98**

CR2E037 (10/97)