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Mar 01, 1999 8:00 am  
Secretary of State

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03-01-1999 90247 009 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 705291**

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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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified <b>03/06/1963</b>	4. FEI Number <b>59-1203027</b> Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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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

**FL**

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	RCD	<input type="checkbox"/> DELETE
NAME	BARRINGER, JOHN	
STREET ADDRESS	275 DATE PALM RD, #402	
CITY-ST-ZIP	VERO BEACH FL 32693	
TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	SHIRLEY, DANIEL	
STREET ADDRESS	5101 NORTH A1A, VILLA 4	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	VCD	<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	BOWEN, CRAIG	
STREET ADDRESS	555 HOLLY RD	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	S	<input type="checkbox"/> DELETE
NAME	RICHARD SMITH	
STREET ADDRESS	1850 BAY ROAD APT PH D	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BLACK, ELDRIDGE J	
STREET ADDRESS	304 HOLLY RD	
CITY-ST-ZIP	VERO BEACH FL 32963	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	RCD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	LANTZ, F. J. SR	
2.3 STREET ADDRESS	1001 BAY ROAD #101A	
2.4 CITY-ST-ZIP	VERO BEACH FL 32963	
3.1 TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	26 CACHE CAY DR	
3.4 CITY-ST-ZIP		
4.1 TITLE	FC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	PERRIGO, JOHN	
4.3 STREET ADDRESS	111 CACHE CAY DR	
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 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, with all other like empowered.

SIGNATURE: X *[Signature]* 1-27-99 561-231-2211  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)