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Jan 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **707453** (7)

1. Corporation Name
LANARK VILLAGE BOAT CLUB INC

Principal Place of Business	Mailing Address
HIGHWAY 98 P.O. BOX 504 LANARK VILLAGE FL 32323	HIGHWAY 98 P.O. BOX 504 LANARK VILLAGE FL 32323

3. Date Incorporated or Qualified: 06/17/1964

4. FEI Number: 59-1309253 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

LANE ROBERT L
HWY 98
P O BOX 777
EASTPOINT FL 32328

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	S	☐ Change ☒ Addition
NAME	DOWLING, BERNARD		1.2 NAME	CRAIG, ALINE	
STREET ADDRESS	MARIGOLD ST		1.3 STREET ADDRESS	CRAIG Rd	
CITY-ST-ZIP	LANARK VILLAGE FL		1.4 CITY-ST-ZIP	LANARK Village FL	
TITLE	CD	☐ DELETE	2.1 TITLE	T/D	☒ Change ☐ Addition
NAME	GARRISON, JACK E.		2.2 NAME		
STREET ADDRESS	146 CONNECTICUT ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	LANARK VILLAGE FL		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE	V	☒ Change ☐ Addition
NAME	DIVELY, ALBERT		3.2 NAME		
STREET ADDRESS	HWY 98		3.3 STREET ADDRESS		
CITY-ST-ZIP	LANARK VILLAGE FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	HARRIS, ANN		4.2 NAME	GARRIS, ANN	
STREET ADDRESS	PINE ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	LANARK VILLAGE FL		4.4 CITY-ST-ZIP		
TITLE	VC	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	BLACK, TIM		5.2 NAME	WARREN, WALLY	
STREET ADDRESS	HWY 98		5.3 STREET ADDRESS	HWY	
CITY-ST-ZIP	LANARK VILLAGE FL		5.4 CITY-ST-ZIP	LANARK Village FL	
TITLE	D	☐ DELETE	6.1 TITLE	P	☒ Change ☐ Addition
NAME	KENNETH, CRAIG		6.2 NAME		
STREET ADDRESS	CRAIG RD		6.3 STREET ADDRESS		
CITY-ST-ZIP	LANARK VILLAGE FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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: Jack E. Garrison SIGNATURE REQUIRED JACK E GARRISON 1/7/98 697 2312
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #