FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 23, 1999 8:00 am
Secretary of State
02-23-1999 90106 040 ****61.25

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DOCUMENT # 707453

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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	06/17/1964
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1309253 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip Country 24 25	Zip Country 29 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LANE ROBERT L HWY 98 P O BOX 777 EASTPOINT FL 32328	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	S	☒ DELETE	1.1 TITLE	S BRITZ MARY E	☒ Change ☐ Addition
NAME	CRAIG, ALINE		1.2 NAME		
STREET ADDRESS	CRAIG RD		1.3 STREET ADDRESS	PO BOX 1354	
CITY-ST-ZIP	LANARK VILLAGE FL		1.4 CITY-ST-ZIP	LANARK VLG. FL.	
TITLE	TD	☒ DELETE	2.1 TITLE	T BRITZ, PETER J.	☒ Change ☐ Addition
NAME	GARRISON, JACK E.		2.2 NAME		
STREET ADDRESS	146 CONNECTICUT ST		2.3 STREET ADDRESS	PO BOX 1354	
CITY-ST-ZIP	LANARK VILLAGE FL		2.4 CITY-ST-ZIP	LANARK VLG. FL	
TITLE	V	☒ DELETE	3.1 TITLE	V TENISON JOHN	☒ Change ☐ Addition
NAME	DIVELY, ALBERT		3.2 NAME		
STREET ADDRESS	HWY 98		3.3 STREET ADDRESS	HWY 98	
CITY-ST-ZIP	LANARK VILLAGE FL		3.4 CITY-ST-ZIP	LANARK VLG. FL.	
TITLE	D	☒ DELETE	4.1 TITLE	D GEMPEL NORM	☒ Change ☐ Addition
NAME	GARRIS, ANN		4. 2 NAME		
STREET ADDRESS	PINE ST.		4.3 STREET ADDRESS	HWY 98	
CITY-ST-ZIP	LANARK VILLAGE FL		4.4 CITY-ST-ZIP	LANARK VLG. FL	
TITLE	D	☒ DELETE	5.1 TITLE	D TENISON TRUDY	☒ Change ☐ Addition
NAME	WARREN, WALLY		5.2 NAME		
STREET ADDRESS	HWY 98		5.3 STREET ADDRESS	HWY 98	
CITY-ST-ZIP	LANARK VILLAGE FL		5.4 CITY-ST-ZIP	LANARK VLG. FL.	
TITLE	P	☐ DELETE	6.1 TITLE	P CRAIG, KENNETH	☐ Change ☐ Addition
NAME	KENNETH, CRAIG		6.2 NAME		
STREET ADDRESS	CRAIG RD		6.3 STREET ADDRESS	ERNIE RD	
CITY-ST-ZIP	LANARK VILLAGE FL		6.4 CITY-ST-ZIP	LANARK VLG FL	

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: PETER BRITZ REQUIRED Peter J Britz 1/11/99 850 697 3254
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)