

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 SEP -6 PM 1:03

DOCUMENT # **709546** (6)
1. Corporation Name
YACHT CLUB COLONY ASSOCIATION, INC.



Principal Place of Business Mailing Address
P O BOX 3031 N FT MYERS FL 33917-9509 US

3. Date Incorporated or Qualified **09/07/1965** 3a. Date of Last Report **02/01/1995**

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	59-1709563	Applied For	Not Applicable
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
23	City & State	City & State	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	Zip	Country	29	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/>	Yes	<input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JESSEN, ANDREW G 1721 CASCADE WAY N FT MYERS FL 33903				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	PRESIDENT
NAME	HENDERSON, PETE	1.2 NAME	
STREET ADDRESS	1729 CASTAWAY	1.3 STREET ADDRESS	600001947476
CITY - ST - ZIP	N FT MYERS FL	1.4 CITY - ST - ZIP	-09/16/96--01016--007
TITLE	S	2.1 TITLE	VICE PRESIDENT
NAME	VON ARX, ELLEN	2.2 NAME	RUTH NESSEL
STREET ADDRESS	2061 CLUBHOUSE RD.	2.3 STREET ADDRESS	1730 CASTAWAY DR
CITY - ST - ZIP	N. FT. MYERS FL	2.4 CITY - ST - ZIP	N. FT. MYERS, FL
TITLE	P	3.1 TITLE	SECRETARY
NAME	MOON, RUTH	3.2 NAME	JIM FISHER
STREET ADDRESS	1729 CASCADE WAY	3.3 STREET ADDRESS	2141 CAPE WAY
CITY - ST - ZIP	N. FT. MYERS FL	3.4 CITY - ST - ZIP	N. FT. MYERS, FL
TITLE	T	4.1 TITLE	TREASURER
NAME	MCINTYRE, BECKY	4.2 NAME	JOHN BRYSON
STREET ADDRESS	2100 CLUBHOUSE RD	4.3 STREET ADDRESS	2168 CHANNEL WAY
CITY - ST - ZIP	N. FT. MYERS FL	4.4 CITY - ST - ZIP	N. FT. MYERS, FL
TITLE	D	5.1 TITLE	
NAME	MCINTYRE, BRUCE H.	5.2 NAME	
STREET ADDRESS	2100 CLUBHOUSE, RD	5.3 STREET ADDRESS	
CITY - ST - ZIP	N. FT. MYERS FL	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	DIRECTOR
NAME	JOHNSON, WARREN	6.2 NAME	NOBLE ARRINGTON
STREET ADDRESS	2183 CHANNEL WAY	6.3 STREET ADDRESS	2126 CLUBHOUSE RD
CITY - ST - ZIP	N. FT. MYERS FL	6.4 CITY - ST - ZIP	N. FT. MYERS, FL

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: *John D. Bussell* 9/2/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E037 (12/95)