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Feb 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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
P O BOX 3031 N FT MYERS FL 33918-3031 US

3. Date Incorporated or Qualified 09/07/1965
3a. Date of Last Report 09/06/1996

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

4. FEI Number 59-1709563 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
JESSEN, ANDREW G
1721 CASCADE WAY
N FT MYERS FL 33903

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PD	<input type="checkbox"/>
NAME	HENDERSON, PETE	
STREET ADDRESS	1729 CASTAWAY	
CITY-ST-ZIP	N FT MYERS FL	
TITLE	VD	<input type="checkbox"/>
NAME	WESSEL, RUTH	
STREET ADDRESS	1720 CASTAWAY DR	
CITY-ST-ZIP	N FT MYERS FL	
TITLE	SD	<input type="checkbox"/>
NAME	FISHER, JIM	
STREET ADDRESS	2141 CADE WAY	
CITY-ST-ZIP	N. FT. MYERS FL	
TITLE	TD	<input type="checkbox"/>
NAME	BRYSON, JOHN	
STREET ADDRESS	2188 CHANNEL WAY	
CITY-ST-ZIP	N. FT. MYERS FL	
TITLE	D	<input checked="" type="checkbox"/>
NAME	MCINTYRE, BRUCE H.	
STREET ADDRESS	2100 CLUBHOUSE, RD	
CITY-ST-ZIP	N. FT. MYERS FL	
TITLE	D	<input type="checkbox"/>
NAME	ARRINGTON, NOBLE	
STREET ADDRESS	2126 CLUBHOUSE RD	
CITY-ST-ZIP	N. FT. MYERS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE	VICE - PRESIDENT	<input checked="" type="checkbox"/>
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/>
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/>
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/>
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	DIRECTOR	<input type="checkbox"/>
5.2 NAME	ELAINE AUDET	
5.3 STREET ADDRESS	2440 CLUBHOUSE RD	
5.4 CITY-ST-ZIP	N. FT. MYERS, FL	
6.1 TITLE		<input type="checkbox"/>
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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:  2/1/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0066831

CR2E037 (9/96)