


FILE NOW: FILING FEE IS \$61.25

FILED

May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **709546** (6)
1. Corporation Name
YACHT CLUB COLONY ASSOCIATION, INC.



Principal Place of Business P O BOX 3031 N FT MYERS FL 33917-9509 US	Mailing Address P O BOX 3031 N FT MYERS FL 33917-9509 US
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3. Date incorporated or Qualified 09/07/1965	
4. FEI Number 59-1709563	Applied For <input type="checkbox"/> Not Applicable

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
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	
TITLE VP	<input checked="" type="checkbox"/> DELETE
NAME HENDERSON, PETE	
STREET ADDRESS 1729 CASTAWAY	
CITY-ST-ZIP N FT MYERS FL	
TITLE P	<input checked="" type="checkbox"/> DELETE
NAME WESSEL, RUTH	
STREET ADDRESS 1720 CASTAWAY DR	
CITY-ST-ZIP N FT MYERS FL	
TITLE SD	<input type="checkbox"/> DELETE
NAME FISHER, JIM	
STREET ADDRESS 2141 CADE WAY	
CITY-ST-ZIP N. FT. MYERS FL	
TITLE TD	<input checked="" type="checkbox"/> DELETE
NAME BRYSON, JOHN	
STREET ADDRESS 2168 CHANNEL WAY	
CITY-ST-ZIP N. FT. MYERS FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME ELAINE AUDET	
STREET ADDRESS 2440 CLUBHOUSE RD.	
CITY-ST-ZIP N. FT. MYERS FL	
TITLE D	<input type="checkbox"/> DELETE
NAME ARRINGTON, NOBLE	
STREET ADDRESS 2126 CLUBHOUSE RD	
CITY-ST-ZIP N. FT. MYERS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME Tom Humm	
1.3 STREET ADDRESS 1737 Cascade Way	
1.4 CITY-ST-ZIP N FT MYERS FL 33917	
2.1 TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME Peter DeBeigny	
2.3 STREET ADDRESS 2220 Cape Way	
2.4 CITY-ST-ZIP N. Ft. Myers FL 33917	
3.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME Jim Fisher	
3.3 STREET ADDRESS 2141 Cape Way	
3.4 CITY-ST-ZIP N. FT MYERS FL 33917	
4.1 TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME Ivan Mantilla	
4.3 STREET ADDRESS 2204 Channel Way	
4.4 CITY-ST-ZIP N. FT MYERS FL 33917	
5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME Hatton Rogers	
5.3 STREET ADDRESS 1772 Coral Way	
5.4 CITY-ST-ZIP N. FT. MYERS FL 33917	
6.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME Noble Arrington	
6.3 STREET ADDRESS 2126 Clubhouse rd	
6.4 CITY-ST-ZIP N. FT. MYERS FL 33917	

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: *Noble Arrington* 5/11/98 941656-2184

CR2E037 (10/97)