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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 709546

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 33917-9509
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/07/1965	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1709563	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		25		29	
25		30		\$5.00 May Be Added to Fees	

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		85
				FL			

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	P	1.1 TITLE	P
NAME	HUMM, TOM	1.2 NAME	JUDE CHAMBERLAIN
STREET ADDRESS	1737 CASCADE WAY	1.3 STREET ADDRESS	1771 CORAL WAY
CITY-ST-ZIP	N FT MYERS FL 33917	1.4 CITY-ST-ZIP	N. FT. MYERS, FL 33917
TITLE	VP	2.1 TITLE	VP
NAME	DEBEIGNY, PETER	2.2 NAME	JEFF STANFORD
STREET ADDRESS	2220 CAPE WAY	2.3 STREET ADDRESS	2249 CLUBHOUSE RD
CITY-ST-ZIP	N FT MYERS FL 33917	2.4 CITY-ST-ZIP	N. FT. MYERS, FL 33917
TITLE	D	3.1 TITLE	
NAME	FISHER, JIM	3.2 NAME	
STREET ADDRESS	2141 CADE WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	N. FT. MYERS FL 33917	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	SD
NAME	MANTILLA, IVAN	4.2 NAME	DANIELLE PALMER
STREET ADDRESS	2204 CHANNEL WAY	4.3 STREET ADDRESS	1713 CORAL WAY
CITY-ST-ZIP	N. FT. MYERS FL 33917	4.4 CITY-ST-ZIP	N. FT. MYERS, FL 33917
TITLE	D	5.1 TITLE	
NAME	ROGERS, HATTON	5.2 NAME	
STREET ADDRESS	1772 CORAL WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	N. FT. MYERS FL 33917	5.4 CITY-ST-ZIP	
TITLE	TD	6.1 TITLE	TD
NAME	ARRINGTON, NOBLE	6.2 NAME	ELIZABETH LOGAN
STREET ADDRESS	2126 CLUBHOUSE RD	6.3 STREET ADDRESS	1720 CASTAWAY ST
CITY-ST-ZIP	N. FT. MYERS FL 33917	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, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE REQUIRED ELIZABETH LOGAN

Date

(941) 567-1894

Daytime Phone #

CR2E037 (4/1/98)

0060783