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Feb 13 1997 8:00 am

Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 711478 (8)

1. Corporation Name

SAN JOSE YACHT CLUB, INC.



Principal Place of Business

Mailing Address

7529 SAN JOSE BLVD.
JACKSONVILLE FL 32217

7529 SAN JOSE BLVD.
JACKSONVILLE FL 32217-3524

3. Date Incorporated or Qualified 09/13/1966
3a. Date of Last Report 06/17/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number 59-0587258
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

10. Name and Address of New Registered Agent

BONNER, OSCAR H.
6340 MERCER CIR. E.
JACKSONVILLE FL 32217

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 Oscar H. Bonner Treasurer OSCAR H. BONNER
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP PD	1.1 TITLE	TO COMMODORE
NAME	LINVILLE, GEORGE M	1.2 NAME	PIERCE HARRY A. JR
STREET ADDRESS	6842 OLD ST. AUGUSTINE RD.	1.3 STREET ADDRESS	3797 CATHEDRAL COVE RD
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32217
TITLE	TD	2.1 TITLE	TO SECRETARY
NAME	BONNER, OSCAR H.	2.2 NAME	BRUCE THOMAS C.
STREET ADDRESS	6340 MERCER CIR. E.	2.3 STREET ADDRESS	1134 SUNNYMEADE DR.
CITY-ST-ZIP	JACKSONVILLE, FL 0	2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32211
TITLE	PD	3.1 TITLE	
NAME	RICE, JAMES T.	3.2 NAME	
STREET ADDRESS	4861 CORRIENTO CIRCLE NORTH	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	
NAME	GRINNAN, JAMES A.	4.2 NAME	
STREET ADDRESS	14584 PLUMOSA DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

CR2E037 (9/96)