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Mar 05 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 # **713116** (2)
1. Corporation Name
SPORTSMAN'S YACHT AND SAILING CLUBS, INC.



Principal Place of Business 1401 SE 47TH ST CAPE CORAL FL 33904	Mailing Address 1401 SE 47TH ST CAPE CORAL FL 33904
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3. Date Incorporated or Qualified

07/25/1967

4. FEI Number

59-1461487

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 **25**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 **30**

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**VETTER, GLADYS
4939 PELICAN BLVD
CAPE CORAL FL ~~33904~~ 33914**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	KRUMREIG, EDWARD	
STREET ADDRESS	4418 S.E. 12TH AVE.	
CITY-ST-ZIP	CAPE CORAL FL	

TITLE	VP	<input type="checkbox"/> DELETE
NAME	CHESTNUT, IRMA	
STREET ADDRESS	1434 S.E. 17TH ST.	
CITY-ST-ZIP	CAPE CORAL, FL 00000	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MERCADO, MANUEL	
STREET ADDRESS	2001 PALACO GRAANDE PKWY	
CITY-ST-ZIP	CAPE CORAL, FL 00000	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	VETTER, GLADYS	
STREET ADDRESS	4939 PELICAN BLVD	
CITY-ST-ZIP	CAPE CORAL, FL 00000	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	KIDD, EVELYN	
STREET ADDRESS	314 S.E. 33RD ST.	
CITY-ST-ZIP	CAPE CORAL, FL 00000	

TITLE	D	<input type="checkbox"/> DELETE
NAME	JAKE, STEVE	
STREET ADDRESS	1125 S.E. 29TH TERR.	
CITY-ST-ZIP	CAPE CORAL FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JAKE, Steven	
1.3 STREET ADDRESS	1125 SE 29th Terrace	
1.4 CITY-ST-ZIP	Cape Coral, Fl. 33904	<input type="checkbox"/> Change <input type="checkbox"/> Addition

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VETTER, WILLIAM	
3.3 STREET ADDRESS	4939 Pelican Blvd.	
3.4 CITY-ST-ZIP	Cape Coral, Fl. 33914	<input type="checkbox"/> Change <input type="checkbox"/> Addition

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	KRUMREIG, EDWARD	
6.3 STREET ADDRESS	4418 SE 12th Ave.	
6.4 CITY-ST-ZIP	Cape Coral, Fl. 33904	

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: **Steven Jake**

3-22-98 941-544-0041

CP2E037 (10/97)