

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90025 029 ****61.25

DOCUMENT # 713116

1. Entity 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**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-1461487

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JACOBY, FRANK
3708 SE 17TH PLACE
CAPE CORAL FL 33904**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/24/04

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **JACOBY, FRANK**
STREET ADDRESS **3708 SE 17TH PLACE**
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE **VP** ☐ Delete
NAME **HERRON, STANLEY**
STREET ADDRESS **5310 SW 27TH PL**
CITY-ST-ZIP **CAPE CORAL FL 33914**

TITLE **D** ☒ Delete
NAME **CLAUS, PAUL**
STREET ADDRESS **2824 SE-19TH PL**
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE **TD** ☐ Delete
NAME **HUMPHREY, JOAN**
STREET ADDRESS **1270 SANDCASTLE RD**
CITY-ST-ZIP **SANIBEL FL 33957**

TITLE **SD** ☐ Delete
NAME **SHIVELY, MARIE**
STREET ADDRESS **4941 EDITH ESPLANADE**
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE **VP** ☒ Delete
NAME **JACOBY, FRANK**
STREET ADDRESS **3708 SE 17TH PLACE**
CITY-ST-ZIP **CAPE CORAL FL 33904**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME *Nichols, Howard*
STREET ADDRESS *3125 SE 10th Ave*
CITY-ST-ZIP *Cape Coral, FL 33904*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME *Ron Kimble*
STREET ADDRESS *1440 SE 11th St*
CITY-ST-ZIP *Cape Coral, FL 33990*

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joan Humphrey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/04

Date

Daytime Phone #