FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 15 PM 3:20

DOCUMENT # 714996 (6)

1. Corporation Name
ANCHORAGE YACHT CLUB, INC.

Principal Place of Business	Mailing Address
P O BOX 245 STUART FL 34995	P O BOX 245 STUART FL 34995

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/25/1968
3a. Date of Last Report: 02/15/1994
4. FEI Number: 59-1977927 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

KROGSTIE, ROBERT A
11 SW RIVERWAY BLVD.
PALM CITY FL 34900

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 34990

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VCD	1.1 TITLE	VCD ☒ Change ☐ Addition
NAME	SCHUTZ, ROBERT	1.2 NAME	Stunt, Frederick
STREET ADDRESS	35 GRANDE VISTA WAY	1.3 STREET ADDRESS	4300 S.E. St. Lucie Blvd. #68
CITY-ST-ZIP	PT ST LUCIE FL	1.4 CITY-ST-ZIP	Stuart, FL 34997
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	VAN KIRK, ARLENE	2.2 NAME	
STREET ADDRESS	1823 NW SHORE TERR	2.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	2.4 CITY-ST-ZIP	
TITLE	CD	3.1 TITLE	CD ☒ Change ☐ Addition
NAME	KELLY, JANE C	3.2 NAME	Martin, Marie
STREET ADDRESS	197 SW RIVERWAY BLVD.	3.3 STREET ADDRESS	6531 S.E. Federal Highway #P-212
CITY-ST-ZIP	PALM CITY FL	3.4 CITY-ST-ZIP	Stuart, FL 34997
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	KROGSTIE, ROBERT A	4.2 NAME	
STREET ADDRESS	11 SW RIVERWAY BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL 34990	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
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 is voluntarily furnished and 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: Robert A. Krogstie 2/8/95 (407) 287-1607
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0070848