## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT **CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #

(0)

SAINTS AND SINNERS YACHT CLUB, INC., PORT ST. LU CIE, FLORIDA

Principal Place of Business Mailing Address				
SANDPIPER B	AY	SANDPIPER BAY		
P. O. BOX 830	62	P. O. BOX 9362		
PORT ST. LUC	DIE FL 34985-6362	PORT ST. LUCIE FL 3	1965-9362	3. Date incorporated or Qualified 3a. Date of Last Report
				03/17/1969 02/27/1996
2. Principal P	Place of Business	2a. Mailing Address	······································	4. FEI Number Applied For
21		26		05-9236898 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional
22 City & Stat		City & State		Fee Required
23	в	28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	
24	25	29	30	8. This corporation has liability for intangible tax under a, 199.032, Florida Statutes
	9. Name and Address of Curr			10. Name and Address of New Registered Agent
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			81 Name	
WILKINS, RICHARD			62 Street Ad	Kort, Harry Idress (P.O. Box Number is Not Acceptable)
1892 SE ELROSE ST.			52 Street AO	2885 SE Pine Valley St.
PORT ST. LUCIE FL 34952			83	
			04 05	
			84 City	Port St. Lucie FL 85 Zip Code 34952 procration's board of directors. I hereby accept the appointment as registered
11. Pursuant	to the provisions of Sections 617.0	502 and 617.1508, Florida Sta	tutes, the above-named co	progration submits this statement for the purpose of changing its registered
office or r agent. I a	registered agent, or both, in the Sta am Iamilia/with, and accept the obj	ite of Florida. Such change wa Mations of Section 617.0503.	is authorized by the corpor. Florida Statutes.	ration's board of directors. I hereby accept the appointment as registered
SIGNATURE	Aman	or		2-3-97
	Signature iped or printed name registered in		VOTE: Registered Agent signature req	guired when reinstating) DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D SIGNADO	DELETE	1.1 TITLE	TD Change Addition
NAME	WILKINS, RICHARD		1.2 NAME	Ferguson, Barbara an
STREET ADDRESS	1892 SE ELROSE ST.		m 13 CIDEET MADECC	4287 SE Brittney Cir
CITY - ST - ZIP	PORT ST LUCIE FL	T DELETE	1.4 CITY-ST-ZIP	Davi Ol Incla DI 24052
TITLE	VD	DELETE		POIC SC. Ducie FD 3493 Change Addition
NAME	MALLARD, DAN	004	2.2 NAME	
STREET ADDRESS	1102 SW MITCHELL AVE, S	304	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST LUCIE FL	☐ DELETE	2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TOTLE	, <del>, ,</del>	□ DETEIE	3.1 TITLE	Change Addition
NAME CIRCLY ADDRESS	KORT, HARRY 2885 S.E. PINE STREET		3.2 NAME	
STREET ADDRESS	PORT ST. LUCIE FL		9.3 STREET ADORESS	÷
CITY-ST-ZIP TITLE	SD SD	DELETE	3.4 CITY-ST-ZIP	☐ Change ☐ Addition
NAME	CROSBY, JOHN L.	oricit	4.2 NAME	Er ordingo E recultori
STREET ADDRESS	2650 SE ERICKSON DRIVE	<b>:</b>	4.2 NAMIC 4.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL	•	4.4 CITY-ST-ZIP	
TITLE	D	DELETE	54575	Change Addition
NAME	ANTON, MARTIN	E STEELE		
STREET ADDRESS	2016 MORNINGSIDE BLVD			Pose, Oleg
MITTEL ADVANCAS	NITE WITH BRIDGING AND			
CITY OF 710		•		2690 SE Erickson Dr.
CITY-ST-ZIP TITLE	PORT ST LUCIE FL	· DELETE		2690 SE Erickson Dr.  Poet St. Lucie, FL 34984  E Change

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated bection 160 or 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 Slock 3 if changed, or open attackment with an address.

SIGNATURE:

NAME

STREET ADDRESS

SILVER, CHARLES

PORT ST LUCIE FL

2012 PYRAMID ROAD

Stephenson, Jack

1873 Vesthaven Ct.

**FILED** 

Feb 12 1997 8:00am

Secretary of State