FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

716229

(0)

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

CIE, FLORIDA				I HARAK IRABA KIRIR BIJIR KARA KARA KIRIR IRA	<u> </u>
Principal Place of Business Mailing Addres					#1 B1841 B1841 B1841 B1841 B1841 B1841
SANDPIPER BAY		SANDPIPER BAY		2 Catalana and a Carlo	
P. O. BOX 8		P. O. BOX 9362		3. Date Incorporated or Qualified 03/17/1969	
PORT ST. LUCIE FL 34995-6362 PORT ST. LUCIE FL 34985-6			6362	4. FEI Number	Applied For
				05-9236898	Not Applicable
⊢ `	Place of Business	2a. Mailing Address		5. Certificate of Status Desired	\$8.75 Additional
21		28		o. Certificate of Status Desired	Fee Required
 -		Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be
22 27 City & State City & State		27		Trust Fund Contribution	Added to Fees
├ ¬ '		28		7. Is this nonprofit corporation a homeowners association?	
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25		30	Personal Property Tax due June 30.	☑ Yes ☐ No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					ed Agent
BI Name HALLARDI DAN					
KOHT, HARRY 82 Street Ad				Address (P.O. Box Number is Not Acceptable)	
2885 SE PINE VALLEY ST. PORT ST LUCIF EL 24082				5 SW MITCHELL	AVE \$304
PORT 8	ST. LUCIE FL 34952				
			84 Çity	1 1	85 Zip Code
YOUT 5 LIUCIE FL 1219 E4/					
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 register 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 similar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
agent. I am lamiliar 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.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	TD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	FERGUSON, BARBARA	•	1.2 NAME		İ
STREET ADDRESS	4287 SE BRITTNEY CIRCLE		1.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ST LUCIE FL	711 - 7111 - 7111	1.4 CITY - ST - ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE	P.D ,	Change Addition
NAME	MALLARD, DAN		2.2 NAME	HALLARDI DAN	<u>.</u> .
STREET ADDRESS	1102 SW MITCHELL AVE, 3	04	2.3 STREET ADDRESS	11025W HITCHELL A	UE =304
CITY-ST-ZIP	PORT ST LUCIE FL		2.4 CITY-ST-ZIP	Pt ST LUCIE FL	
TITLE	PD HODE HARRY	DELETE	3.1 TITLE 🕉	CENTEN, POBERT	Change Addition
NAME OTDEET ADODESS	KORT, HARRY		3.2 NAME	MALLARDI DAN 11025W HITCHELL AT PT ST LUCIE, FL CENTEN, POBERT 11025E MITCHELL AU	E." 306
STREET ADDRESS	2885 S.E. PINE STREET PORT ST. LUCIE FL		3.3 STREET ADDRESS	PORT ST LUCIE FL	
CITY-ST-ZIP TITLE	80	DELETE	0.4. OITT 01 EII		M
NAME	CROSBY, JOHN L.	☐ DETCIE	4.1 TITLE	VD Crosby JOHN L	Change Addition
			4. 2 NAME	CROSING SOUR	DRIVE
STREET ADDRESS CITY-ST-ZIP	2650 SE ERICKSON DRIVE PORT ST. LUCIE FL		4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	2650 SE ERICKSON	,
TITLE	D	DELETE	5.1 TITLE	POUT ST LUCIE, FI	Change Addition
NAME	POSE, OLEG	<u> </u>		SSP (C) The state of the state	
STREET ADDRESS	2690 SE ERICKSON DR		5.3 STREET ADDRESS	POSE, OLEG	Dr
CITY-ST-ZIP	PORT ST LUCIE FL		5.4 CITY - ST - ZIP	2690 SE ERICKSON	FL.
TITLE	D	☐ DELETE	6.1 TITLE	FULT / NUCLE,	Change Addition
NAME	STEPHENSON, JACK		6.2 NAME		
STREET ADDRESS	1873 VESTHAVEN CT. SE		6.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ST LUCIE FL		6.4 CITY-ST-ZIP		

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 atjachment with an address.

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FILED

Feb 09 1998 8:00am

Secretary of State