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Feb 09 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # 716229 (0)

1. Corporation Name

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

Principal Place of Business

Mailing Address

SANDPIPER BAY  
P. O. BOX 9362  
PORT ST. LUCIE FL 34985-6362

SANDPIPER BAY  
P. O. BOX 9362  
PORT ST. LUCIE FL 34985-6362



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KORT, HARRY  
2885 SE PINE VALLEY ST.  
PORT ST. LUCIE FL 34952

81 Name HALLARDI, DAN  
82 Street Address (P.O. Box Number is Not Acceptable)  
1102 SW MITCHELL AVE #304  
83  
84 City PORT ST LUCIE FL 85 Zip Code 34952

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/2/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME TD  
STREET ADDRESS FERGUSON, BARBARA  
CITY-ST-ZIP 4287 SE BRITTNEY CIRCLE  
PORT ST LUCIE FL

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME VD  
STREET ADDRESS MALLARD, DAN  
CITY-ST-ZIP 1102 SW MITCHELL AVE, 304  
PORT ST LUCIE FL

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☒ DELETE  
NAME PD  
STREET ADDRESS KORT, HARRY  
CITY-ST-ZIP 2885 S.E. PINE STREET  
PORT ST. LUCIE FL

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME SD  
STREET ADDRESS CROSBY, JOHN L.  
CITY-ST-ZIP 2850 SE ERICKSON DRIVE  
PORT ST. LUCIE FL

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS POSE, OLEG  
CITY-ST-ZIP 2890 SE ERICKSON DR  
PORT ST LUCIE FL

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS STEPHENSON, JACK  
CITY-ST-ZIP 1873 VESTHAVEN CT. SE  
PORT ST LUCIE FL

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 attachment with an address.

SIGNATURE:

*[Signature]*

2/2/98

PR2E037 (10/97)