

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90136 021 ****61.25

0075106

DOCUMENT # 716229

1. Corporation Name

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

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

03/17/1969

4. FEI Number

05-9236898

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

9. Name and Address of Current Registered Agent

HALLARDI, DAN
1102 SW MITCHELL AVE, 304
PORT ST. LUCIE FL 34952

10. Name and Address of New Registered Agent

81 Name CROSBY, JOHN L.

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

2650 SE ERICKSON DRIVE

83

84 City PORT ST LUCIE

FL

85 Zip Code 34984

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 *John L. Crosby*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/8/99
DATE

12. OFFICERS AND DIRECTORS

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

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

TITLE ~~SD~~
NAME CENTEN, ROBERT
STREET ADDRESS 1102 SE MITCHELL AVE, #306
CITY-ST-ZIP PORT ST. LUCIE FL ☐ DELETE

TITLE ~~SD~~ PD
NAME CROSBY, JOHN L.
STREET ADDRESS 2650 SE ERICKSON DRIVE
CITY-ST-ZIP PORT ST. LUCIE FL ☐ DELETE

TITLE ~~SD~~ D
NAME POSE, OLEG
STREET ADDRESS 2690 SE ERICKSON DR
CITY-ST-ZIP PORT ST LUCIE FL ☐ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME RODSTROM, WESLEY ☐ Change ☒ Addition
1.3 STREET ADDRESS 1102 SE MITCHELL AVE -308
1.4 CITY-ST-ZIP PORT ST LUCIE FL

2.1 TITLE D
2.2 NAME PAUL SCOTT
2.3 STREET ADDRESS 2514 SE PETIT LANE
2.4 CITY-ST-ZIP PORT ST LUCIE FL ☐ Change ☒ Addition

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

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: *John L. Crosby*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/99 879-1636
Date Daytime Phone #

CR2E037 (11/98)