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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 APR 11 PM 9:45

DOCUMENT # **717208** **(3)**

1. Corporation Name

SPORTSMAN'S YACHT CLUB OF PORT CHARLOTTE, INC.

Principal Place of Business	Mailing Address
PO BOX 2836 PORT CHARLOTTE FL 33952 US	PO BOX 2836 PORT CHARLOTTE FL 33952 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/19/1969
3a. Date of Last Report: 04/18/1994
4. FEI Number: 59-1281007 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
City & State (23)	City & State (28)	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
Zip (24) Country (25)	Zip (29) Country (30)	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SCHMIDT, INGE 23259 HARTLEY AVE PORT CHARLOTTE FL 33954	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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: INGE SCHMIDT, TREASURER — Inge Schmidt — 3/1/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	CD ☐ Change ☐ Addition
NAME	BARBER, PETER	1.2 NAME	PIERNICK, STAN
STREET ADDRESS	224 YELLOW ELDER	1.3 STREET ADDRESS	25251 COMPANA CT
CITY-ST-ZIP	PUNTA GORDA ISLES FL	1.4 CITY-ST-ZIP	PUNTA GORDA FL 33983
TITLE	VCD	2.1 TITLE	VCD ☐ Change ☐ Addition
NAME	TONY SHUTTLEWORTH	2.2 NAME	CASSO, ALLIE
STREET ADDRESS	170 COUSLEY DR	2.3 STREET ADDRESS	18366 VAN NUYS CIR
CITY-ST-ZIP	PORT CHARLOTTE FL	2.4 CITY-ST-ZIP	PORT CHARLOTTE FL 33948
TITLE	RCD	3.1 TITLE	RCD ☐ Change ☐ Addition
NAME	COCAINE, LORRAINE	3.2 NAME	COCAINE, LORRAINE
STREET ADDRESS	21184 EDGEWATER DR	3.3 STREET ADDRESS	21184 EDGEWATER DR
CITY-ST-ZIP	PORT CHARLOTTE FL	3.4 CITY-ST-ZIP	PORT CHARLOTTE FL 33952
TITLE	SD	4.1 TITLE	SD ☐ Change ☐ Addition
NAME	ROSSI, MARY	4.2 NAME	SOWELL, JUNE
STREET ADDRESS	1243 TNVERNESS ST	4.3 STREET ADDRESS	2097 DELTA ST
CITY-ST-ZIP	PORT CHARLOTTE FL	4.4 CITY-ST-ZIP	PORT CHARLOTTE FL 33952
TITLE	TD	5.1 TITLE	TD ☐ Change ☐ Addition
NAME	SCGNUDTM UBGE schmidt INGE	5.2 NAME	SCHMIDT, INGE
X STREET ADDRESS	23259 HARTLEY AVE	5.3 STREET ADDRESS	23259 HARTLEY AVE
CITY-ST-ZIP	PORT CHARLOTTE FL	5.4 CITY-ST-ZIP	PORT CHARLOTTE FL 33954
TITLE	FCD	6.1 TITLE	FCD ☐ Change ☐ Addition
NAME	PIERNICK, STANLEY	6.2 NAME	PETERSON, GORAN
X STREET ADDRESS	25251 COMPARA CT COMPANA CT.	6.3 STREET ADDRESS	2378 COMO ST
CITY-ST-ZIP	PONTA GORDA FL	6.4 CITY-ST-ZIP	PORT CHARLOTTE FL 33948

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: INGE SCHMIDT — Inge Schmidt — 3/1/95 — 627-3049
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0061037

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE FORM. IF YOU NEED ASSISTANCE, PLEASE CALL THE ANNUAL REPORT SECTION AT (904) 487-6056.

FILING FEE $130.00	ANNUAL REPORT $61.25 + $68.75 CORPORATION SUPPLEMENTAL FEE MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

Reminder:

1. Changes in addresses, officers and registered agent must be typed or printed in ink and legible.
2. Include information in Blocks 3 and 4 if not preprinted by the computer.
3. Signature of the proper officer or director as noted in instructions for Block 14.
4. Indicate liability for intangible tax under s. 199.032, Florida Statutes, in Block 8.
5. Submit with total amount due in the form of a separate check for each filing. (Payable in United States Funds through a United States Bank to Department of State.) Fee is $130.00.

Block 1. Block 1 is preprinted with the corporation's name, document number, mailing address and principal place of business as previously reported to our office. The name of corporation cannot be changed by way of this annual report.

Block 2. Enter the principal place of business if different from the mailing address, or if it has been changed from what was previously reported, in Block 2.

Block 2a. If the computer-entered mailing address in Block 1 is incorrect, enter the new mailing address in Block 2a. A Post Office Box is acceptable.

Block 3. Enter the date of incorporation or qualification with this office if Block 3 is blank.

Block 3a. Enter the file date of the last filed annual report, if applicable.

Block 4. Complete Block 4 by entering your Federal ...lied for" is preprinted in Block 4, you must now provide the FEI number. For assistanc...

Block 5. Should you desire a certificate reflecting yo... d include an additional $8.75 with your filing fee.

Block 6. Florida law allows for a voluntary contributi... ical campaigns for the offices of the Governor and members of the Cabinet. If you would l...

Block 7. If this corporation is a non-profit corporatio... de, please check the box. The corporation is not subject to the $68.75 supplemental c... rporations must pay the supplemental corporation fee. Please direct all questions ...

Block 8. Check the appropriate box. Please direct all ...

Block 9. The law requires that each corporation have ... 9 is incorrect, enter the correct information in Block 10. There is no additional fee to cha...

Block 10. Enter name of new Registered Agent and/or ... is NOT acceptable for service of process. THE CORPORATION CANNOT BE ITS OWN ...

Block 11. The new registered agent must indicate fam... ns and this appointment by completing and signing in Block 11. No signature is necessa... corporation, the person signing must state their position with the corporation. NOTE: R...

Block 12. Block 12 contains the last information on off... corrections or additions are to be made in block 13. If there is no change in the informa...

Block 13. Block 13 is for changes or additions to the ex... ble. Use the following type symbols on the title line: *P=President; V=Vice President; T=... Director; Chairman; M=Managing Director. If a person holds more than one position, enter all positions, e.g., S/D; V/S; V/T/D.* A NON-PROFIT CORPORATION MUST LIST THREE (3) DIRECTORS OR TRUSTEES WITH THEIR STREET ADDRESSES. THE LETTER "D" or "T" MUST BE PLACED BY THE NAME OF EACH DIRECTOR. NOTE: A DIRECTOR MUST BE A NATURAL PERSON 18 YEARS OF AGE OR OLDER. NOTE: If officer or director's address is confidential pursuant to Section 119.07(k), Florida Statutes, an alternate address must be provided. Officers/Directors must list street addresses. If there is no street address, enter the mailing address and "N/A".

Block 14. This report must be signed in Block 14 with an original signature by either the President, Vice President, Secretary, Treasurer or Director of the Corporation that is listed in Block 12, Block 13 if a change, or on an attachment with a street address. If the corporation is in the hands of a receiver, it must be signed by the trustee or receiver. A signature placed on an attachment in lieu of placement in Block 14 is unacceptable.

Spelling Corrections

X Schmidt, INGE
23259 HARTLEY Ave
PORT CHARLOTTE FL
33954

X PIERNICK STANLEY
X 25251 COMPANY

Send only 1995 Preprinted Annual Reports with stub and check to:

Division of Corporations
Annual Reports
Post Office Box 1500
Tallahassee, Florida 32302-1500
Phone Number: (904) 487-6056

Send all other filings and correspondence to this address:

Annual Reports Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Street Address (Overnight Delivery):

409 East Gaines Street
Tallahassee, Florida 32399

INFORMATION REGARDING RETURNED CHECK

If the check submitted with this report is returned by a bank for any reason, the report will be cancelled and considered not filed. The Department of State will administratively dissolve the corporation if a replacement payment with service charge and annual report are not resubmitted within the prescribed time frame.