FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: 09/19/1969

3a. Date of Last Report: 04/11/1995

2. Principal Place of Business — 21:

Suite, Apt. #, etc. — 22:

City & State — 23:

Zip — 24: Country — 25:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 27:

City & State — 28:

Zip — 29: Country — 30:

4. FEI Number: 59-1281007 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SCHMIDT, INGE
23259 HARTLEY AVE
PORT CHARLOTTE FL 33954

10. Name and Address of New Registered Agent

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 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 Inge Schmidt, TREASURER Inge Schmidt 2/3/96
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	CD PIERNICK, STAN 25251 COMPANA PUNTA GORDA FL	☐ DELETE	13.1 TITLE / 13.2 NAME / 13.3 STREET ADDRESS / 13.4 CITY-ST-ZIP	CD PETERSON,GORAN 2378 COMO ST. PT.Charlotte,FL. 33948 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCD CASSO, ALLIE 18366 VAN NUYS CIR PORT CHARLOTTE FL	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	VCD CASSO,ALLIE 18366 VAN NUYS CIR. PT.Charlotte,FL.33948 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RCD COCAINE, LORRAINE 21184 EDGEWATER DR PORT CHARLOTTE FL	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	RCD CASSO,LOUISE 18366 VAN NUYS CIR. PT.Charlotte,FL.33948 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SOWELL, JUNE 2097 DELTA ST PORT CHARLOTTE FL	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	SD MEPLER,VIOLA 2426 COMO ST. PT.Charlotte,FL.33948 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SCHMIDT, INGE 23259 HARTLEY AVE PORT CHARLOTTE FL	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	TD. SCHMIDT INGE 23259 HARTLEY AVE. PT. Charlotte,FL.33954 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FCD PETERSON, GORAN 2378 COMO ST PORT CHARLOTTE FL	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	FCD MIKUTIS,JEANIE 2372 BROAD RANCH DR. PT. Charlotte,FL.33948 ☐ Change ☐ Addition

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 2/3/96 627-3049
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)