

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
Mar 09, 1999 8:00 am
Secretary of State

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DOCUMENT # 717208

1. Corporation Name

SPORTSMAN'S YACHT CLUB OF PORT CHARLOTTE, INC.

Principal Place of Business

PO BOX 2836
PORT CHARLOTTE FL 33952
US

Mailing Address

PO BOX 2836
PORT CHARLOTTE FL 33952
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

09/19/1969

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

9. Name and Address of Current Registered Agent

SPAWN, BILL
23254 KIM AVE
PORT CHARLOTTE FL 33954

10. Name and Address of New Registered Agent

81 Name

NO CHANGE

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 *William R. Spawn*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

WILLIAM R. SPAWN 25 FEB 99

12. OFFICERS AND DIRECTORS

TITLE VCD ☐ DELETE
NAME SOWELL, JUNE
STREET ADDRESS 2097 DELTA STREET
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE RCD ☐ DELETE
NAME LIVY, FLORENCE
STREET ADDRESS 4371 SHAPPELL STREET
CITY-ST-ZIP PORT CHARLOTTE FL 33948

TITLE TD ☐ DELETE
NAME SPAWN, BILL
STREET ADDRESS 23254 KIM AVE
CITY-ST-ZIP PORT CHARLOTTE FL 33954

TITLE PCD ☐ DELETE
NAME LOFTUS, RICHARD
STREET ADDRESS 18297 O'HARA DRIVE
CITY-ST-ZIP PORT CHARLOTTE FL 33948

TITLE CD ☐ DELETE
NAME PIERNICK, STANLEY L
STREET ADDRESS 25251 COMPANA CT.
CITY-ST-ZIP PORT CHARLOTTE FL 33983

TITLE *EBB* ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VCD ☒ Change ☐ Addition
1.2 NAME CASSO, LOUISE
1.3 STREET ADDRESS 18366 VAN NUYS CIRCLE
1.4 CITY-ST-ZIP PORT CHARLOTTE, FL 33948

2.1 TITLE RCD ☒ Change ☐ Addition
2.2 NAME HOSNOR, FRANCES
2.3 STREET ADDRESS 4310 MUNDILLA CIRCLE
2.4 CITY-ST-ZIP PORT CHARLOTTE, FL 33948

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP NO CHANGE

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP NO CHANGE

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP NO CHANGE

6.1 TITLE ☒ Change ☒ Addition
6.2 NAME FCD
6.3 STREET ADDRESS CASSO, ANNIE
6.4 CITY-ST-ZIP 18366 VAN NUYS CIRCLE
PORT CHARLOTTE, FL 33948

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: *William R. Spawn*
WILLIAM R. SPAWN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

25 FEB 99 (941) 764-7886
Date Daytime Phone #

CR2E037 (11/98)