

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 24 AM 11:31

DOCUMENT # **717577** (1)

1. Corporation Name
DUNEDIN BOAT CLUB, INC.

Principal Place of Business Mailing Address
P.O. BOX 201 DUNEDIN FL 34697-0201 P.O. BOX 201 DUNEDIN FL 34697-0201

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/18/1969** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-1141069** 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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 Zip Country 29 Zip Country

9. Name and Address of Current Registered Agent
FAWCETT, JACK-COMMODORE
1101 VICTORIA DR
DUNEDIN FL 34698

10. Name and Address of New Registered Agent
81 Name **Yarbrough, Bonnie L. - Commodore**
82 Street Address (P.O. Box Number is Not Acceptable) **2078 Attache Court**
83
84 City **Clearwater, FL** 85 Zip Code **34624**

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 **Bonnie L. Yarbrough**

Bonnie L. Yarbrough

2/20/95

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FAWCETT, JACK
STREET ADDRESS	1101 VICTORIA DR
CITY - ST - ZIP	DUNEDIN FL
TITLE	VD
NAME	YARBROUGH, BONNIE
STREET ADDRESS	2078 ATTACHE CT
CITY - ST - ZIP	CLEARWATER FL
TITLE	D
NAME	SIEGMAN, ARTHUR
STREET ADDRESS	1401-6 AZALEA DR
CITY - ST - ZIP	DUNEDIN FL
TITLE	S
NAME	WKFERT, ELSIE
STREET ADDRESS	340 CAUSEWAY BLVD #108
CITY - ST - ZIP	DUNEDIN FL
TITLE	T
NAME	BLAINE, KENNETH S
STREET ADDRESS	651 WEATHERSFIELD DR
CITY - ST - ZIP	DUNEDIN FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Yarbrough, Bonnie L.	
1.3 STREET ADDRESS	2078 Attache Court	
1.4 CITY - ST - ZIP	Clearwater, FL 34624	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Young, Carl	
2.3 STREET ADDRESS	1103 Tarridon Court	
2.4 CITY - ST - ZIP	Dunedin, FL 34698	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Nierengarten, Bryan A.	
3.3 STREET ADDRESS	64 Palm Blvd.	
3.4 CITY - ST - ZIP	Dunedin, FL 34698	
4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Wilfert, Elsie	
4.3 STREET ADDRESS	340 Causeway Blvd. #108	
4.4 CITY - ST - ZIP	Dunedin, FL	
5.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Hirsch, Phil	
5.3 STREET ADDRESS	2789 Valencia Lane, West	
5.4 CITY - ST - ZIP	Palm Harbor, FL 34698	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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 110.07(3)(k), 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: **Bonnie L. Yarbrough**

Bonnie L. Yarbrough

2/20/95

813-530-5404

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR