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Feb 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **720747** **(5)**

1. Corporation Name

ANCHOR-LINE YACHT CLUB, INC.

Principal Place of Business	Mailing Address
1012 NE DIXIE HWY PO BOX 914 JENSEN BCH. FL 34958	1012 NE DIXIE HWY PO BOX 914 JENSEN BCH. FL 34958-0914

3. Date Incorporated or Qualified: **04/21/1971**
3a. Date of Last Report: **02/29/1996**

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: **59-1363852** ☐ 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

ELLWANGER, CARL F.
55 E. SEMINOLE #4
STUART FL 34995

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	FD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LASKEY, HOWARD		1.2 NAME		
STREET ADDRESS	3248 MONTE VISTA		1.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE FL		1.4 CITY-ST-ZIP		
TITLE	CD	XX DELETE	2.1 TITLE	CD	☒ Change ☐ Addition
NAME	WEBER, ALBAN		2.2 NAME	ARMAND CIFELLI	
STREET ADDRESS	1555 SUNSHINE AVEN.		2.3 STREET ADDRESS	8 HERITAGE WAY	
CITY-ST-ZIP	PORT ST. LUCIE FL		2.4 CITY-ST-ZIP	STUART, FL. 34996	
TITLE	VCD	☐ DELETE	3.1 TITLE	VCD	☒ Change ☐ Addition
NAME	CIFELLI, ARMAND	XX	3.2 NAME	MARTY HOLLAND	
STREET ADDRESS	8 HERITAGE WAY		3.3 STREET ADDRESS	2474 SE DRAYTON ROAD	
CITY-ST-ZIP	STUART FL		3.4 CITY-ST-ZIP	PORT ST. LUCIE, FL. 34952	
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WHITE, RICHARD W		4. 2 NAME		
STREET ADDRESS	6911 SE LILLIAN CT		4.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL		4.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LYONS, MARZELLE		5.2 NAME		
STREET ADDRESS	3064 QUANSET CIRCLE		5.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL		5.4 CITY-ST-ZIP		
TITLE	RCD	XX DELETE	6.1 TITLE	RCD	☐ Change ☒ Addition
NAME	HOLLAND, MARTY		6.2 NAME	REINHARD BRUDERER	
STREET ADDRESS	2474 SE DRAYTON ROAD		6.3 STREET ADDRESS	2384 SW DANFORTH	
CITY-ST-ZIP	PORT ST. LUCIE FL		6.4 CITY-ST-ZIP	PALM CITY, FL. 34990	

CR2E037 (9/96)

14. I do 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.

SIGNATURE: SIGNATURE REQUIRED RICHARD W. WHITE, Treasurer 2-1-1997 561-283-3729
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #