FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

FILED
Feb 04 1998 8:00am
Secretary of State

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

3. Date Incorporated or Qualified: 04/21/1971

4. FEI Number: 59-1363852 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	FD LASKEY, HOWARD 3248 MONTE VISTA PORT ST. LUCIE FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	CD MAJORY HOLLAND 2474 S.E. DRAYTON ROAD PORT ST. LUCIE, FL. 34952	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD ARMAND CIFELLI 8 HERTAGE WAY STUART FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VCD REINHARD BRUDERER 2384 S.E. DANFORTH PALM CITY, FL. 34990	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCD HOLLAND, MARTY 2474 SE DRAYTON ROAD PORT ST LUCIE FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	RCD NANCY HELLWIG 3001 LOOKOUR BLVD. ~~PORT ST. LUCIE, FL. 34984~~	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WHITE, RICHARD W 6911 SE LILLIAN CT STUART FL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	FD ROBERT DALY 1825 EL PINAR LANE STUART, FL. 34996	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LYONS, MARZELLE 3064 QUANSET CIRCLE STUART FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	TD GAYLE JANOFF 1510 N.E. 12th. TERR. E-7 JENSEN BEACH, FL. 34957	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RCD BRUDERER, REINHARD 2384 SW DANFORTH PALM CITY FL	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	SD MARZELLE LYONS 3064 QUANSET CIRCLE STUART, FL. 34997	☒ Change ☐ Addition

CR2E037 (10/97)

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.

SIGNATURE: Marzelle Lyons **REQUIRED** 1-19-98 283 3729
SIGNATURE AND TITLE OF CHAIRMAN, OR OFFICER OR DIRECTOR — Date — Daytime Phone #