## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 726150

(6)

CHARL	OTTE HARBOR YACHT CLU	IB, INC.						
Principal Place	of Business	Mailing Address				i iddiin indik estin bline linat mitti al	)	STORE GIVE VINNE 1461
4400 LISTER PORT CHARL	STREET OTTE FL 33952	4400 LISTER STREET PORT CHARLOTTE FL 3:	3962					
						3. Date incorporated or Qualified 04/17/1973	3a. Date of 01/2	Last Report 7/1995
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number <b>59-1500408</b>		Applied For
Suite, Apt.	# oto	Suite, Apt. #, etc.				30 1300 100	ė.	Not Applicable  3.75 Additional
22	<b>,</b> 610.	27				<ol><li>Certificate of Status Desired</li></ol>	1 1	Fee Required
City & State	9	City & State				6. Election Campaign Financing	_ \$	5.00 May Be
23		28	<del>,</del>		,	Trust Fund Contribution		Added to Fees
Zip	Country	Zφ	Cour	ntry		8. This corporation has liability for int	angible tax und Yes \( \subseteq \text{No} \)	ler s. 199.032,
24	9. Name and Address of Current	29   t Registered Agent	30			Florida Statutes   10. Name and Address of New Reg	·	t
				<b>B1</b> Nar	me			
LONG, F	RUTH M.			<b>82</b> Str	ant Addres	ss (P.O. Box Number is Not Acceptable	· · · · ·	
22426 WESTCHESTER BLVD.				02 30	COL AUGIEC	is (F.O. BOX NOTION IS NOT ACCEPTABLE		
PORT C	HARLOTTE FL 33980		[	83				
				<b>84</b> City			85	Zip Code
			<u>.</u>	1			ᅡᆫ	<u></u>
or register	ed agent, or both, in the State of Floric	la. Such change was authorize	s, the abov d by the c	ve-name orporatio	d corporat in's board	ion submits this statement for the purpo of directors. I hereby accept the appoin	ose of changing ntment as regis	its registered office tered agent. I am
familiar wi	th, and accept the obligations of, Section	on 617.0503, Florida Statutes.	,			, , , , , , , , , , , , , , , , , , , ,	ŭ	v
SIGNATURE .	Signature, typed or printed name of registered agent	and the if anythrothic (NOT	F: Ranielarad	Anani sima	lura ramulrad u	hen reinstating)	DATE	
12.	OFFICERS AND		13.	Agent signa	tore required vi	ADDITIONS/CHANGES TO OFFIC		CTORS IN 12
THILE	D	DELETE	1.1 TIT	LE	С		<b>XX</b> Chi	ange 🔲 Addition
NAME	Lupson, Nick		1.2 NA	ME	Ke	ating, John Wm.		
STREET ADDRESS	4328 HARBOR BLVD		1.3 ST	REET ADDRE		6 SE Leland Street		
CITY - ST - ZIP	PT CHARLOTTE FL		1.4 011	1.4 CITY-ST-ZIP		ort Charlotte, FL 3	3952	
TITLE	D	AA .		21 TITLE V			<b>™</b> Ch	ange 🔲 Addition
NAME	JOHNSTON, ROBERT					ctor H. Forsyth		
STREET ADDRESS	251 LIDO DRIVE					3 Macedonia Drive		
CITY - ST - ZIP		PUNTA GORDA FL C ROBLETE		2 4 CITY - ST - ZIP - 3 1 TITLE		inta Gorda, FL 33950		ange
TITLE NAME	C Fletcher, James	<b>D</b> Voccete	3 1 11) 3 2 NA		RC Ha	chn, William B.	<b>KI</b> K <sup>€</sup> h	side T vacanoji
STREET ADDRESS	2725 DEBORAH DR			ime Reet addri		165 Kittiwake Drive		
CITY-ST-ZIP	PUNTA GORDA FL			TY-ST-ZIP	Pi	inta Gorda, FL 3395	n	
TITLE	1	DELETE	4.1 111			=	□ Cn	ange 🔲 Addition
NAME	GOLDROSEN, JACK J		4. 2 N	AME				
STREET ADDRESS	1222 WATERSIDE ST		4.3 ST	REET ADDRI	ESS			
CITY-ST-ZIP	PT CHARLOTTE FL		4.4 CI	[Y-ST- <i>Z</i> 1P				
TITLE	VC	DELETE	5 1 TII	LE	D		<b>XX</b> Ch	ange
NAME	HAMMOND, GILBERT P		5.2 NA	ME .	Sc	hosser,(Jack) John		
STREET ADDRESS	2700 ST THOMAS DR.		5 3 ST	REET ADDR	ESS   42	00 Bur Street	÷	
C:TY-ST-ZIP	PUNTA GORDA FL	Florers		TY-ST-ZIP		rt Charlotte, FL 33		The same of
TITLE	D AVEOUR DODOTHY	DELETE	61 Til		D		X₩Och	ange 🔲 Addition
NAME	AVERILL, DOROTHY		: 62 NA			atler, Bonnie Sue		
STREET ADDRESS	2718 ST THOMAS DR			REET ADDR	,	00 Bal:Harbor Blvd.	<b>1</b>	
CITY - St - ZIP	PUNTA GORDA FL			TY - ST - ZIP		nta Gorda, FL 33950 the exemption stated in Section 119.0		

4. 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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/96 (941) 629-573/ Date Obstine Prone # CR2E037 (12/95