

FILE NOW: FILING FEE IS \$61.25

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1997 APR 29 PM 11: 59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 730223 (5)
1. Corporation Name
SOUNDINGS YACHT AND TENNIS CLUB, INC.

Principal Place of Business 10301 S.E. SOUNDINGS DRIVE.CLUBHOUSE P.O. BOX 1790 HOBE SOUND FL 33475-1790	Mailing Address 10301 S.E. SOUNDINGS DRIVE.CLUBHOUSE P.O. BOX 1790 HOBE SOUND FL 33475-1790
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/16/1974	3a. Date of Last Report 03/25/1996
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees		
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent DETMER, EUGENE J JR. 9099 SE HAWKSBILL WAY HOBE SOUND FL 33455				10. Name and Address of New Registered Agent			
81 Name Corley Thompson		82 Street Address (P.O. Box Number is Not Acceptable) 8616 SE Gulfstream Place		83		84 City Hobe Sound	
				85 Zip Code FL 33455			

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 *Corley Thompson* **Corley Thompson**
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE SC	<input checked="" type="checkbox"/> DELETE	1.1 TITLE sdv	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ROHL, DAVIS		1.2 NAME Robert Henry	
STREET ADDRESS 8944 SE PELICAN ISLAND WAY		1.3 STREET ADDRESS 8858 SE Star Island Way	
CITY-ST-ZIP HOBE SOUND FL 33455		1.4 CITY-ST-ZIP Hobe Sound, FL 33455	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE C	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DETMER, EUGENE J JR.		2.2 NAME	
STREET ADDRESS 9099 SE HAWKSBILL WAY		2.3 STREET ADDRESS	
CITY-ST-ZIP HOBE SOUND FL 33455		2.4 CITY-ST-ZIP	
TITLE RC	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME THOMPSON, CORLEY		3.2 NAME	
STREET ADDRESS 8616 SW GULFSTREAM PLACE		3.3 STREET ADDRESS	
CITY-ST-ZIP HOBE SOUND FL 33455		3.4 CITY-ST-ZIP	
TITLE T	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MALETTE, EDWARD		4.2 NAME	
STREET ADDRESS 10363 SE COCONUT LANE		4.3 STREET ADDRESS	
CITY-ST-ZIP HOBE SOUND FL 33455		4.4 CITY-ST-ZIP	
TITLE SD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CUTLIP, RICHARD		5.2 NAME Judith Kerr	
STREET ADDRESS 8987 SE STAR ISLAND WAY		5.3 STREET ADDRESS 8543 SE Seagrape Way	
CITY-ST-ZIP HOBE SOUND FL		5.4 CITY-ST-ZIP Hobe Sound, FL 33455	
TITLE SC	<input checked="" type="checkbox"/> DELETE	6.1 TITLE sc	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ESPOSITO, FRANK		6.2 NAME Louis Valcarenghi	
STREET ADDRESS 8554 SE SEAGRAPE WAY		6.3 STREET ADDRESS 8682 SE Soundings Place	
CITY-ST-ZIP HOBE SOUND FL 33455		6.4 CITY-ST-ZIP Hobe Sound, FL 33455	

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 *Corley Thompson* **Corley Thompson**

CR2E037 (9/96)