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Mar 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 730223 (5)
1. Corporation Name
SOUNDINGS YACHT AND TENNIS CLUB, INC.



Principal Place of Business Mailing Address
10301 S.E. SOUNDINGS DRIVE.CLUBHOUSE P.O. BOX 1790 HOBE SOUND FL 33475-1790
10301 S.E. SOUNDINGS DRIVE.CLUBHOUSE P.O. BOX 1790 HOBE SOUND FL 33475-1790

3. Date Incorporated or Qualified
07/16/1974
4. FEI Number
59-1651162
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. 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

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

9. Name and Address of Current Registered Agent
THOMPSON, CORLEY
8616 SE GULFSTREAM PLACE
HOBE SOUND FL 33455

10. Name and Address of New Registered Agent
81 Name Valcarenghi, Louis
82 Street Address (P.O. Box Number is Not Acceptable) 8682 SE SOUNDINGS PLACE
83
84 City Hobe Sound FL 85 Zip Code 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: *Louis Valcarenghi* DATE: 2/6/98

12. OFFICERS AND DIRECTORS

TITLE	SCD	<input checked="" type="checkbox"/> DELETE
NAME	HENRY, ROBERT	
STREET ADDRESS	8858 SE STAR ISLAND WAY	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	DETMER, EUGENE J JR.	
STREET ADDRESS	9099 SE HAWKSBILL WAY	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	RC	<input type="checkbox"/> DELETE
NAME	THOMPSON, CORLEY	
STREET ADDRESS	8616 SW GULFSTREAM PLACE	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MALETTE, EDWARD	
STREET ADDRESS	10363 SE COCONUT LANE	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KERR, JUDITH	
STREET ADDRESS	8543 SE SEAGRAPE WAY	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	SC	<input checked="" type="checkbox"/> DELETE
NAME	VALCARENGHI, LOUIS	
STREET ADDRESS	8682 SE SOUNDINGS PLACE	
CITY-ST-ZIP	HOBE SOUND FL 33455	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VICE COMMODORE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	FRANK D. GIRARD	
1.3 STREET ADDRESS	10223 SE FICUS LANE	
1.4 CITY-ST-ZIP	HOBE SOUND, FL 33455	
2.1 TITLE	REAR COMMODORE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ROBERT HENRY	
2.3 STREET ADDRESS	8858 SE STAR ISLAND WAY	
2.4 CITY-ST-ZIP	HOBE SOUND, FL 33455	
3.1 TITLE	COMMODORE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LOUIS VALCARENGHI	
3.3 STREET ADDRESS	8682 SE SOUNDINGS PLACE	
3.4 CITY-ST-ZIP	HOBE SOUND FL 33455	
4.1 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	GLORIA SMITH	
4.3 STREET ADDRESS	10421 SE SOUNDINGS DR	
4.4 CITY-ST-ZIP	HOBE SOUND FL 33455	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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: *Louis Valcarenghi* 2/6/98

CR2E037 (10/97)