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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 730223

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

FILED Apr 01, 1999 8:00 am § Secretary of State

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O. BOX 1790 IOBE SOUND FL 33475-1790	P.O. BOX 1790 HOBE SOUND FL 33475-1790			
Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed		

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2. 21	Principal Place of Business	2a. Mailing Address 26		3. Date Incorporated or Qualifed 07/16/1974		
21	Suite, Apt. #, etc.	Suite, Apt. #, etc.		4. FEI Number	Applied For	
_	Suite, Apr. #, etc.	\vdash		59-1651162	Not Applicable	
22			<u>. = _%_5= </u>	39-1001102		
	City & State City & State			5. Certifcate of Status Desired	\$8.75 Additional	
23		28			Fee Required	
	Zip Country	Zip	Country	6. Election Campaign Financing	\$5.00 May Be	
1		29 30	n	Trust Fund Contribution	Added to Fees	
24	9. Name and Address of Current F	<u>. [] </u>	91	10. Name and Address of New Registers	d Agent	
	VALCARENGHL, LOUIS 8682 S.E. SOUNDINGS PLACE AND HOBE SOUND FL 33455 PROPERTY AND THE SOUND FL 33455 PROPERTY AND THE SOUND FLORISM		82 Street Addi 1 83 84 City Hob	loria Smith ress (P.O. Box Number is Not Acceptable) 0421 SE Soundings Dr 0e Sound	L 85 Zip Code 33955	
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 Morra Smith Gloria Smith, Pres.						
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)						
12	2. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS		
π	ile D	★ DELETE	1.1 TITLE	Treasurer	Change Addition	
NA.	ME GIRARD, FRANK D		1.2 NAME H G	rhert B. Barlow		

agent. i ai	in lattillar with, and accept the obligations of, ocose	0 11 .00001 1 1000					
SIGNATURE	Gloria Smith			Smith,		—	
	Signature, typed or printed name of registered agent and title if application	`	gistered Agent signature a		TIONS/CHANGES TO OFFICERS AN	ID DIRECTOR	RS IN 12
12.	OFFICERS AND DIRECTOR			T		Change	Addition
TITLE .	D	DELETE	1.1 TITLE	Treas		☐ Criainge	Accident
NAME	GIRARD, FRANK D		1.2 NAME	Herbert	B. Barlow		
STREET ADDRESS	10323 SE FICUS LANE		1.3 STREET ADDRESS	8864 SE	Pelican Island	Way	
CITY-ST-ZIP	HOBE SOUND FL 33455			Hobe So		16	
TITLE	D	DELETE	2.1 TITLE	Secret	ary	Change	Addition
NAME	HENRY, RÓBERT				Steele		
STREET ADDRESS	8858 SE STAR ISLAND WAY				Soundings Place		
CITY-ST-ZIP	HOBE SOUND FL 33455		2.4 CITY-ST-ZIP		und, FL 33455		
TITLE	Τ ,	DELETE	3.1 TITLE	Vice Pr	·e.s	Change	Addition
NAME	THOMPSON, CORLEY		3.2 NAME	Frank.	Esposito		
STREET ADDRESS	8616 SW GULFSTREAM PLACE		3.3 STREET ADDRESS	8554°S	Esposito Esposito Esposito Esposito Esposito		*
CITY-ST-ZIP	HOBE SOUND FL 33455		3.4. CITY-ST-ZIP		ound, FL 33455		
MLE	T	☐ DELETE	4.1 TITLE	Presid	lent	Change	Addition
NAME	SMITH, GLORIA		4. 2 NAME	•			
STREET ADDRESS	10421 SE SOUNOWGS DR		4.3 STREET ADDRESS				
CITY-ST-ZIP	HOBE SOUND FL 33455		4.4 CITY-ST-ZIP				A
TITLE	SDT	DELETE	5.1 TITLE	Direct		Change	Addition
NAME	KERR, JUDITH	•	5.2 NAME	David	Nozneský	141	
STREET ADDRESS	8543 SE SEAGRAPE WAY		5.3 STREET ADDRESS		E Pelican Island	way	
CITY-ST-ZIP	HOBE SOUND FL 33455		5.4 CITY-ST-ZIP	Hobe S	ound, FL 33455		
TILE	D	DELETE	6.1 TITLE	Directo	o r	Change Change	☐ Addition
NAME	VALCARENGHI, LOUIS		6.2 NAME	Jeffrey	/ H. Harris		
STREET ADDRESS	8682 SE SOUNDINGS PLACE		6.3 STREET ADDRESS	9167 SE	E Star Island Way	7	
2,32 (2.1)	HODE COUND EL 201ES		64 CITY-ST-ZIP	Unha Ca	wad DT 22/IEE		

14: 1 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 of 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, with all other like empowered.

SIGNATURE;

Thereert B Barlow, Treasurer