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Feb 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **739104** (8)

1. Corporation Name

THE DAYTONA BEACH BOAT CLUB, INC.

Principal Place of Business

150 S.PALMETTO AVE
DAYTONA BEACH FL 32114-4320

Mailing Address

P. O. BOX 1021
DAYTONA BEACH FL 32115
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

TUMBLESON, J. DOYLE
150 S.PALMETTO AVE
DAYTONA BEACH FL 32118

3. Date Incorporated or Qualified

05/19/1977

4. FEI Number

59-2835499

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

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 617.1509, 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	DUNSWORTH, BILL	
STREET ADDRESS	79 JAMESTOWN DR	
CITY-ST-ZIP	ORMOND BCH FL	

TITLE	S	☒ DELETE
NAME	FRICKE, LOLLYU	
STREET ADDRESS	116 WILLOW BEND LANE	
CITY-ST-ZIP	ORMOND BEACH FL	

TITLE	TD	☐ DELETE
NAME	COLUMBIA, RON	
STREET ADDRESS	30 CHOCTAW TRAIL	
CITY-ST-ZIP	ORMOND BCH FL	

TITLE	P	☐ DELETE
NAME	WILLIAMSON, TRUDY	
STREET ADDRESS	128 CYPRESS POND RD.	
CITY-ST-ZIP	DAYTONA BEACH FL	

TITLE	D	☒ DELETE
NAME	FRICKE, WILLIAM	
STREET ADDRESS	116 WILLOW BEND LANE	
CITY-ST-ZIP	ORMOND BCH FL	

TITLE	D	☐ DELETE
NAME	KLINDT, FRAN	
STREET ADDRESS	121 JAMESTOWN DR	
CITY-ST-ZIP	ORMOND BCH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	☒ Change ☒ Addition
2.2 NAME	S CAROLYN Wehner
2.3 STREET ADDRESS	923 NIXON LANE
2.4 CITY-ST-ZIP	PORT ORANGE FL 32119

3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	☐ Change ☒ Addition
5.2 NAME	D IRV WEIDENMILLER
5.3 STREET ADDRESS	70 LAKE PARK CIRCLE
5.4 CITY-ST-ZIP	ORMOND BEACH FL 32174

6.1 TITLE	☐ Change ☐ 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: *Ron Columbia* RON COLUMBIA

1/13/98 904-673-3355

CR2E037 (10/97)