

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 24, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 739104					
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		3. Date Incorporated or Qualified 05/19/1977	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2835499	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24	Country	29	Zip	30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
TUMBLESON, J. DOYLE 150 S.PALMETTO AVE DAYTONA BEACH FL 32118				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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				(NOTE: Registered Agent signature required when reinstating)				DATE			
Signature, typed or printed name of registered agent and title if applicable.											
12. OFFICERS AND DIRECTORS						13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	D	DUNSWORTH, BILL				1.1 TITLE	D	CHARLES BARTA			
NAME		79 JAMESTOWN DR				1.2 NAME		75 cedar in the wood			
STREET ADDRESS		ORMOND BCH FL				1.3 STREET ADDRESS		DAYTONA Beach FL 32119			
CITY-ST-ZIP						1.4 CITY-ST-ZIP					
TITLE	S	CAROLYN WEHNER				2.1 TITLE					
NAME		923 NIXON LANE				2.2 NAME					
STREET ADDRESS		PORT ORANGE FL 32119				2.3 STREET ADDRESS					
CITY-ST-ZIP						2.4 CITY-ST-ZIP					
TITLE	TD	COLUMBIA, RON				3.1 TITLE					
NAME		30 CHOCTAW TRAIL				3.2 NAME					
STREET ADDRESS		ORMOND BCH FL				3.3 STREET ADDRESS					
CITY-ST-ZIP						3.4 CITY-ST-ZIP					
TITLE	P	WILLIAMSON, TRUDY				4.1 TITLE	P	IRV WEIDENMILLER			
NAME		128 CYPRESS POND RD.				4.2 NAME		70 LAKE PARK CIRCLE			
STREET ADDRESS		DAYTONA BEACH FL				4.3 STREET ADDRESS		ORMOND Beach FL 32174			
CITY-ST-ZIP						4.4 CITY-ST-ZIP					
TITLE	D	IRV WEIDENMILLER				5.1 TITLE	D	John CALABRO			
NAME		70 LAKE PARK CIRCLE				5.2 NAME		1659 EASTERN ROAD			
STREET ADDRESS		ORMOND BEACH FL 32174				5.3 STREET ADDRESS		South DAYTONA FL 32119			
CITY-ST-ZIP						5.4 CITY-ST-ZIP					
TITLE	D	KLINDT, FRAN				6.1 TITLE	D	BILL FRICKE			
NAME		121 JAMESTOWN DR				6.2 NAME		57 MAPLE in the wood			
STREET ADDRESS		ORMOND BCH FL				6.3 STREET ADDRESS		DAYTONA Beach FL 32119			
CITY-ST-ZIP						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, with all other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED** 1/19/99 904-673-3355

CR2E037 (11/98)