

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

APPROVED  
AND  
FILED

95 APR 10 AM 11:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **740735** (6)  
1. Corporation Name  
**YACHT CLUB ESTATES CMC ASSOCIATION OF ST. PETE  
RSBURG, INC.**

Principal Place of Business Mailing Address  
**1233 79TH ST S  
ST. PETERSBURG FL 33707-2719** **1288-80TH ST. S.  
ST. PETERSBURG FL 33707-2719  
US**

3. Date Incorporated or Qualified **11/09/1977** 3a. Date of Last Report **05/01/1994**  
4. FEI Number **NOT APPLICABLE** Applied For  Not Applicable   
5. Certificate of Status Desired  **\$0.75** Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75** Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  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 Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**STERN, MARCIA H.  
1288 - 80TH STREET SOUTH  
ST. PETERSBURG FL 33707**

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/Postal Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.  
*OR CORPORATION W/410*

SIGNATURE Mr. Stern 3/6/95 4/10/95  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                          | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|--------------------------|---|--|
| TITLE                      | DP                       | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | STERN, MARCIA H.         | 1.2 NAME  |  |
| STREET ADDRESS             | 1288 - 80TH STREET SOUTH | 1.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            | ST PETERSBURG FL         | 1.4 CITY - ST - ZIP                                   |  |
| TITLE                      | DV                       | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | BRIZZI, GERRY            | 2.2 NAME  |  |
| STREET ADDRESS             | 7845 9TH AVE S           | 2.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            | ST PETERSBURG FL         | 2.4 CITY - ST - ZIP                                   |  |
| TITLE                      | DS                       | 3.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | PERNA, LYNDA             | 3.2 NAME  |  |
| STREET ADDRESS             | 1276 - 80TH STREET S.    | 3.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            | ST PETERSBURG FL         | 3.4 CITY - ST - ZIP                                   |  |
| TITLE                      |                          | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                          | 4.2 NAME  |  |
| STREET ADDRESS             |                          | 4.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                          | 4.4 CITY - ST - ZIP                                   |  |
| TITLE                      |                          | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                          | 5.2 NAME  |  |
| STREET ADDRESS             |                          | 5.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                          | 5.4 CITY - ST - ZIP                                   |  |
| TITLE                      |                          | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                          | 6.2 NAME  |  |
| STREET ADDRESS             |                          | 6.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                          | 6.4 CITY - ST - ZIP                                   |  |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: Marcia H. Stern Marcia H. Stern 3/6/95 813 343-8035  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Typed Name)