

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 21 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # 740735 (6)
 1. Corporation Name:
**YACHT CLUB ESTATES CIVIC ASSOCIATION OF ST. PETE
 RSBURG, INC.**



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| Principal Place of Business 7875 9TH AVE S ST. PETERSBURG FL 33707 | Mailing Address 7875 9TH AVE S ST. PETERSBURG FL 33707-2730 |
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| 3. Date Incorporated or Qualified 11/09/1977 | 3a. Date of Last Report 04/04/1996 |
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|--|---|---|---------------------------------------|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 | 4. FEI Number NOT APPLICABLE | Applied For Not Applicable |
| Country 25 | Country 30 | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

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| 9. Name and Address of Current Registered Agent HEINS, JAMES 7875 9TH AVE S 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 85 Zip Code FL |
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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 _____ DATE _____
 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 | PD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HEINS, JAMES | 1.2 NAME | |
| STREET ADDRESS | 7875 9TH AVE S | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | ST. PETERSBURG FL 33707 | 1.4 CITY - ST - ZIP | |
| TITLE | VPD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SAMUELS, SCOTT | 2.2 NAME | |
| STREET ADDRESS | 1216 79TH ST S | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | ST PETERSBURG FL 33707 | 2.4 CITY - ST - ZIP | |
| TITLE | T <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RAHTER, BEA | 3.2 NAME | Hughes, Patricia |
| STREET ADDRESS | 1074 79TH STREET SOUTH | 3.3 STREET ADDRESS | 7909 9th Ave So |
| CITY - ST - ZIP | ST PETERSBURG FL 33707 | 3.4 CITY - ST - ZIP | St. Petersburg, FL 33707 |
| TITLE | S <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NELSON, ANN | 4.2 NAME | Tonny Quillian |
| STREET ADDRESS | 7857 9TH AVE S | 4.3 STREET ADDRESS | 1226 79th St So |
| CITY - ST - ZIP | ST PETERSBURG FL 33707 | 4.4 CITY - ST - ZIP | St. Petersburg, FL 33707 |
| TITLE | <input type="checkbox"/> DELETE | 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 | <input type="checkbox"/> DELETE | 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 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: James F. Heins DATE: _____ DAYTIME PHONE: # 0050387

CFR2E037 (9/96)