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NONPROFIT **CORPORATION ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

(3)

FILED May 19 1998 8:00am Secretary of State

| SUN COAST YACHT CLUB, INC. | | | | | | | | | | | | | | |
|--|---|--|--|--|-------------------------------|-----------|----------------|---|--|------------------------------|-----------------------------|-----------------|----------|--|
| Principal Plac | e of Busines | is | M | Mailing Address | | | | 1 | ı töbili ibişi bibbi bilil bibir bi | // 00 1/ 9/0 / | il bil in bilin 8189 | | | |
| 1661 RINGLING BLVD. P O BOX 82 SARASOTA FL 34230 | | | | 1661 RINGLING BLVD. P O BOX 82 SARASOTA FL 34230 | | | | 3. Date Incorporated or Qualified | | | | | | |
| | | | | - | | | | 4. | 59-2669866 | | | Applied Not App | | |
| 2. Principal P | lace of Busi | ness | 2a. | Mailing Address | | | | - | | | | Additk | | |
| 21 | | | 26 | 26 | | | | 5. | . Certificate of Status Desired | | | Regulre | | |
| Suite, Apt. | #. etc. | | | Suite, Apt. #, etc. | | | | 6. | . Election Campaign Financing | | | May B | | |
| 22 City & Stat | А | | 27 | City & State | | | | - | Trust Fund Contribution | <u> </u> | | to Fees | 9 | |
| 23 | ,5 | | 28 | 28 | | | | ' | . Is this nonprofit corporation a | Yes | | liony | | |
| Zip | Country | | | Zip Cor | | | | 8. | . This corporation owes or has | paid the | current year | Intangib | ole | |
| 24 | 9. Name and Address of Curre | | | 29 30 | | | _ | Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent | | | | | | |
| | g, Name | and Address of Ci | irrent Hegis | tered Agent | 8 | 1 | Name | 10. | , Name and Address of New I | registeri | ad Agent | | | |
| CAGEV | MAN | | | | 8 | | | | | | | | | |
| CASEY, 4104 12 | | | | | | | Street Addr | ess (l | P.O. Box Number is Not Accept | able) | | | | |
| APT. 70 | | | | | 8 | 3 | | | | | | | | |
| | FL 34215 | } | | | 8 | 4 | City | | | | 85 Zi | p Code | | |
| | | | | | | 1 | | | | | · L_ | | | |
| office or agent. I a | regi ste red aç am fa miliar w | gent, or both, in the tith, and accept the d | State of Florion State of Stat | da. Such change was f, Section 617.0503, F | authorized I lorida Statut | by es. | the corporati | ion's | on submits this statement for the board of directors. I hereby acc | ept the a | appointment i | as regisi | tered | |
| 12. | Digitalia, 199-oc | | AND DIREC | | 13. | 901 | | | ADDITIONS/CHANGES TO OFF | | | ORS IN | 12 | |
| TITLE | PD | | | DELETE | 1.1 TITLE | : | | PD |) | | Change | | Addition | |
| NAME | CASEY, | | | | 1.2 NAM | E | _ L | 1 | W LAWKENCE 8 ROBINDR. | | | | | |
| STREET ADDRESS | | 28TH ST., #704 | | | | | | | | - | | | | |
| CITY-ST-ZIP | CORTE: | Z FL | | ☐ DELETE | 1.4 CITY | | r-ZIP | /// | RASOTA, FL 342 | 26 | Change | | Addition | |
| TITLE NAME | | SUZANNE | | DLLETE | 2.1 TITLE 2.2 NAMI | | | | | | L Own | , ш | Addition | |
| STREET ADDRESS | | EGELS HARBOR | RO | | 4 | | ADDRESS | | | | | | | |
| CITY-ST-ZIP | SARAS | | | | 2.4 CITY | | 1 | | | | | | | |
| TITLE | TD | | | DELETE | 3.1 TITLE | _ | | TO |) | | Change | e 🔲 | Addition | |
| NAME | | IS, ROGER | | | 3.2 NAM | E | 6 | KW | ig F. FCHNRIDER 5 IRVING 87. ASOTA, FL 342: | <u>'</u> | | | | |
| STREET ADORESS | | OCKSIDE PL | | | 3.3 STAE | ET A | address / | BI | 5 IRVING 87. | | | | | |
| CITY+ST-ZIP | SARAS | DTA FL | | DELETE | 3.4. CITY | _ | T-ZIP 5 | 48 | ASOTA, FL 39Z | <u> </u> | Change | | Addition | |
| TITLE | VD LAWDE | NCE LEW | | P DECEIC | 4.1 TITLE | | | IP | | | | , П. | Addition | |
| NAME Street address | | NCE, LEW BIN DRIVE | | | 4. 2 NAM 4.3 STRE | | ADDRESS 2 | EK | ENIE WHITE F 129 H ST. W. M CORTEZ FL | | | | | |
| City-St-zip | SARAS | | | | 4.4 CITY | | 7.7IP | 7// 7 0 | AN CARTES. FL. | 342 | 15 | | | |
| TITLE | <u> </u> | | | ☐ OELETE | 5.1 TITLE | _ | | - | | | Change | e 🔲 | Addition | |
| NAME | ļ | | | | 5.2 NAMI | E | { | | | | | | | |
| STREET ADDRESS | ļ | | | | 5.3 STRE | ET / | ADDRESS | | | | | | | |
| CITY-ST-ZIP | | * | | ····· | 5.4 C/TY | - ST | r-21P | | · · · · · · · · · · · · · · · · · · · | | | | | |
| TITLE | | | | L DELETE | 6.1 TITLE | | | | | | Change | 3 L | Addition | |
| NAME | | | | | 6.2 NAM | | *D00000 | | | | | | | |
| STREET ADDRESS | ļ | | | | - 1 | | ADDRESS | | | | | | | |
| 14. I hereby | certify that th | ne information suppli | ed with this f | iling does not qualify | 6.4 CiTY for the exem | nt | on stated in | Secti | ion 119.07(3)(i), Florida Statutes | . I further | r certify that t | he infor | mation | |
| indicated officer or | on this annu | ual report or supplen | nental annua receiver or | l report is true and ac trustee empowered to | curate and t | 'nα | it my signatur | re sha | all have the same legal effect as by Chapter 617, Florida Statute | if made | under oath: | that I an | m an | |