

FILE NOW: FILING FEE IS \$61.25 .

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 750423

(6)

1. Corporation Name

WINDJAMMER YACHT CLUB, INC.



Principal Place of Business

CLUBHOUSE  
1850 PALM CITY ROAD  
STUART FL 34994

Mailing Address

CLUBHOUSE  
1850 PALM CITY ROAD  
STUART FL 34994

3. Date Incorporated or Qualified  
12/28/1979

3a. Date of Last Report  
05/01/1995

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

4. FEI Number  
59-1960126

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TEIFER, ROBERT  
1850 PALM CITY RD  
STUART FL 34994

81 Name

JOHN HANNAN

82 Street Address (P.O. Box Number is Not Acceptable)

1850 PALM CITY ROAD PAT 103

83

84 City

STUART

FL

85 Zip Code

34994

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

*John Hannan*  
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/8/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME ~~RD MARTIN, ROBERT W.~~  
STREET ADDRESS ~~1850 PALM CITY RD.~~  
CITY - ST - ZIP ~~STUART FL~~

TITLE ☐ DELETE  
NAME D CONNERLY, WILLIAM  
STREET ADDRESS 1850 PALM CITY RD.  
CITY - ST - ZIP STUART FL

TITLE ☐ DELETE  
NAME T MARTIN, DIANE  
STREET ADDRESS 1850 PALM CITY RD.  
CITY - ST - ZIP STUART FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition  
12 NAME P/D JOHN HANNAN  
13 STREET ADDRESS 1850 PALM CITY ROAD PAT. 103  
14 CITY - ST - ZIP STUART, FLA 34994

21 TITLE ☐ Change ☐ Addition  
22 NAME S/D WILLIAM CONNERLY  
23 STREET ADDRESS 1850 PALM CITY ROAD BM 205  
24 CITY - ST - ZIP STUART, FLA 34994

31 TITLE ☒ Change ☐ Addition  
32 NAME T/D MARY ALICE TEIFER  
33 STREET ADDRESS 1690 SW COXSWAIN'S PLACE  
34 CITY - ST - ZIP PALM CITY, FLA 34990

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition  
52 NAME 700001798237  
53 STREET ADDRESS -04/29/96--01035--007  
54 CITY - ST - ZIP \*\*\*61.25

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 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 119.07(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: X

*John Hannan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/96

Date

407-288-4714

Daytime Phone #

CR2E037 (12/95)