


FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 16 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 750423 (6)**

1. Corporation Name  
**WINDJAMMER YACHT CLUB, INC.**



Principal Place of Business <b>CLUBHOUSE 1850 PALM CITY ROAD STUART FL 34994</b>	Mailing Address <b>CLUBHOUSE 1850 PALM CITY ROAD STUART FL 34994-7205</b>
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3. Date Incorporated or Qualified <b>12/28/1979</b>	3a. Date of Last Report <b>04/27/1996</b>
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip	2a. Mailing Address Suite, Apt. #, etc. City & State Zip	22. City & State	23. City & State	24. Zip	25. Country	26. Zip	27. Country
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4. FEI Number <b>59-1960126</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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	

9. Name and Address of Current Registered Agent

~~XXXXXXXXXX~~  
~~MANNAN, JOHN~~  
**1850 PALM CITY RD  
STUART FL 34994**

10. Name and Address of New Registered Agent

81. Name  
**Arthur Dunn**

82. Street Address (P.O. Box Number is Not Acceptable)  
**1850 Palm City Rd L202**

83. City  
**Stuart,**

84. State  
**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 Arthur L. Dunn (Signature, typed or printed name of registered agent and title if applicable) ARTHUR DUNN (NOTE: Registered Agent signature required when reinstating) 5/15/97 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>PD</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <del>MANNAN, JOHN</del>		1.2 NAME <b>Dunn, Arthur</b>
STREET ADDRESS <b>1850 PALM CITY RD. APT 103</b>		1.3 STREET ADDRESS <b>1850 Palm City Rd L202</b>
CITY-ST-ZIP <b>STUART FL 34994</b>		1.4 CITY-ST-ZIP <b>Stuart, FL 34994</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>SD</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>SD</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <del>CONNORLY, WILLIAM</del>		2.2 NAME <b>Biennan, Ginger</b>
STREET ADDRESS <b>1850 PALM CITY RD. BM 205</b>		2.3 STREET ADDRESS <b>1850 Palm City Rd BM301</b>
CITY-ST-ZIP <b>STUART FL 34990</b>		2.4 CITY-ST-ZIP <b>Stuart, FL 34994</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>TD</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>TD</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <del>TEIFER, MARY A</del>		3.2 NAME <b>Miller, Maureen</b>
STREET ADDRESS <b>1690 SW COXSWAINS PL</b>		3.3 STREET ADDRESS <b>1850 Palm City Rd L104</b>
CITY-ST-ZIP <b>PALM CITY FL 34990</b>		3.4 CITY-ST-ZIP <b>Stuart, FL 34994</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
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.

CR2E037 (9/96)