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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **752525** **(6)**

1. Corporation Name
FORT PIERCE YACHT CLUB, INC.

Principal Place of Business	Mailing Address
700 INDIAN RIVER DR. P.O. BOX 3108 FORT PIERCE FL 34948-0108	700 INDIAN RIVER DR. P.O. BOX 3108 FORT PIERCE FL 34948-3108

3. Date Incorporated or Qualified: 05/16/1980
3a. Date of Last Report: 04/02/1996

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 59-2005180 ☐ 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

DOLIANA, GEORGE
276 BERMUDA BEACH
FT. PIERCE FL 34949

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 Code

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	VD	☒ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	REFF, LYNDA		1.2 NAME	BILLIE JEAN HAMILTON	
STREET ADDRESS	252 MARINA DR.		1.3 STREET ADDRESS	801 S. OCEAN DRIVE #602	
CITY-ST-ZIP	FT. PIERCE FL 34949		1.4 CITY-ST-ZIP	FORT PIERCE FL 34949	
TITLE	D	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	DICKEILT, JOHN		2.2 NAME	DICKERT, JOHN	
STREET ADDRESS	5335 MONTEGO CIRCLE		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE FL		2.4 CITY-ST-ZIP	34949	
TITLE	D	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	MORAN, JEANNE		3.2 NAME		
STREET ADDRESS	908 SPYGLASS LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL		3.4 CITY-ST-ZIP	32963	
TITLE	TD	☒ DELETE	4.1 TITLE	TD	☐ Change ☒ Addition
NAME	CRAWFORD, LEONARD		4.2 NAME	JOE MARINARO	
STREET ADDRESS	608 LARKSFOR LANE		4.3 STREET ADDRESS	278 BERMUDA BEACH DRIVE	
CITY-ST-ZIP	PORT ST. LUCIE FL		4.4 CITY-ST-ZIP	FORT PIERCE FL 34949	
TITLE	D	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	BRENNER, HOWARD		5.2 NAME		
STREET ADDRESS	P.O. BOX 4025		5.3 STREET ADDRESS	P.O. Box 4026 N/A	
CITY-ST-ZIP	FORT PIERCE FL		5.4 CITY-ST-ZIP	FORT PIERCE FL 34948	
TITLE	D	☒ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	YANARDS, ANNA		6.2 NAME	BOB JOHNSON	
STREET ADDRESS	P.O. BOX 1722		6.3 STREET ADDRESS	#7 SAN ROBERTO	
CITY-ST-ZIP	FORT PIERCE FL		6.4 CITY-ST-ZIP	FORT PIERCE FL 34951	

CR2E037 (9/96)

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: [signature] REQUIRED 1-13-97 561-461-2484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0070795