FILE NOW: FILING FEE IS $61.25

FILED
Jan 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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 34948-0108

3. Date Incorporated or Qualified: 05/16/1980

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

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

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: DICKERT, JOHN
82 Street Address (P.O. Box Number is Not Acceptable): 5335 MONTEGO CIRCLE
83
84 City: FT PIERCE **FL** 85 Zip Code: 34949

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: x John A Dickert 1-6-98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	HAMILTON, BILLIE JEAN		1.2 NAME		
STREET ADDRESS	801 S OCEAN DR #602		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE FL		1.4 CITY-ST-ZIP	FT PIERCE FL 34949	
TITLE	D	☒ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	DICKERT, JOHN		2.2 NAME	DOLIANA, GEORGE	
STREET ADDRESS	5335 MONTEGO CIRCLE		2.3 STREET ADDRESS	276 BERMUDA BEACH DR.	
CITY-ST-ZIP	FT PIERCE FL		2.4 CITY-ST-ZIP	FT PIERCE FL 34949	
TITLE	D	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	MORAN, JEANNE		3.2 NAME	KEN LELLY	
STREET ADDRESS	908 SPYGLASS LANE		3.3 STREET ADDRESS	6190 EMERSON AVE.	
CITY-ST-ZIP	VERO BEACH FL		3.4 CITY-ST-ZIP	FT PIERCE FL 34951	
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MARINARO, JOE		4.2 NAME		
STREET ADDRESS	278 BERMUDA BCH DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	BRENNER, HOWARD		5.2 NAME	JIM LAMBERT	
STREET ADDRESS	PO BOX 4026		5.3 STREET ADDRESS	207 MARINA DR.	
CITY-ST-ZIP	FORT PIERCE FL		5.4 CITY-ST-ZIP	FT PIERCE FL 34949	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, BOB		6.2 NAME		
STREET ADDRESS	#7 SAN ROBERTO		6.3 STREET ADDRESS		
CITY-ST-ZIP	FORT PIERCE FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I 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 1-6-98 561-461-2484