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**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90103 005 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 755385**

1. Corporation Name

**YACHT & RACQUET CLUB OWNERS ASSOCIATION I, INC.**

Principal Place of Business

200 MADONNA BLVD.  
ST. PETERSBURG FL 33715

Mailing Address

200 MADONNA BLVD.  
ST. PETERSBURG FL 33715



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

12/04/1980

4. FEI Number

59-2065942

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

9. Name and Address of Current Registered Agent

STROUD, J. M  
696 1ST AVE N.  
SUITE 203  
ST PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name **JOAN EASTMAN**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**200 madonna Blvd**  
83  
84 City **Tierra Verde** FL 85 Zip Code **33715**

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

Signature, typed or printed name of registered agent and state if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/5/99**

12.

OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	OWENS, SHARON	
STREET ADDRESS	200 MADONNA BLVD	
CITY-ST-ZIP	TIERRA VERDE FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	CROSSON, PERRY	
STREET ADDRESS	200 MADONNA BLVD	
CITY-ST-ZIP	TIERRA VERDE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COWELL, RONALD	
STREET ADDRESS	200 MADONNA BLVD	
CITY-ST-ZIP	TIERRA VERDE FL 33715	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MEDLEY, ED	
STREET ADDRESS	200 MADONNA BLVD	
CITY-ST-ZIP	TIERRA VERDE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ROUNTREE, TOM	
STREET ADDRESS	200 MADONNA BLVD	
CITY-ST-ZIP	TIERRA VERDE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>D. RICHARD HEARLEY</b>
4.3 STREET ADDRESS	<b>200 MADONNA BLVD.</b>
4.4 CITY-ST-ZIP	<b>TIERRA VERDE, FL. 33715</b>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>VD RICHARD QUINN</b>
5.3 STREET ADDRESS	<b>200 MADONNA BLVD</b>
5.4 CITY-ST-ZIP	<b>TIERRA VERDE, FL. 33715</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

**Donna J. Powell**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/8/99**  
Date

**727-867-8611**  
Daytime Phone #

CR2E037 (11/98)