

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**

**Mar 13, 2001 8:00 am**  
**Secretary of State**

03-13-2001 90311 022 \*\*\*\*61.25

**DOCUMENT # 756319**

Entity Name

**NETTLES ISLAND YACHT CLUB, INC.**

Principal Place of Business

Mailing Address

NETTLES ISLAND  
 JENSON BEACH FL 34957  
 US

9801 S. OCEAN DR.  
 JENSON BCH FL 34957-2364  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**NETTLES ISLAND**

3. Mailing Address

**2025 NETTLES BLVD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**JENSEN BEACH FL.**

City & State

**JENSEN BEACH FL.**

4. FEI Number

**59-2243889**

Applied For

Not Applicable

Zip

**34957**

Country

**FL. ST. LUCIE**

Zip

**34957**

Country

**FL. ST. LUCIE**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARSHAL, HENRYETTE E**  
**1080 NETTLES BLVD.**  
**JENSEN BCH FL 34957-3385**

Name

**MOREA, LOUISE**

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

**2025 NETTLES BLVD**

City

**JENSEN BEACH, FL.**

FL

Zip Code

**34957-3327**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

**LOUISE MOREA (TREASURER)**  
*Signature*

*Signature*

**3/07/01**

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

NOTE: Registered Agent signature required when reinstating.

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>C</b>	<input type="checkbox"/> Delete
NAME	<b>VITALE, JAMES</b>	
STREET ADDRESS	<b>448 NETTLES BLVD.</b>	
CITY-ST-ZIP	<b>JENSEN BEACH FL 34957</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ANDERSON, GORDON</b>	
STREET ADDRESS	<b>848 NETTLES BLVD.</b>	
CITY-ST-ZIP	<b>JENSEN BCH FL</b>	
TITLE	<b>VC</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>AMRHEIN, ROBERT</b>	
STREET ADDRESS	<b>575 NETTLES BLVD.</b>	
CITY-ST-ZIP	<b>JENSEN BCH FL</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>VITALE, BARBARA</b>	
STREET ADDRESS	<b>448 NETTLES BLVD.</b>	
CITY-ST-ZIP	<b>JENSEN BCH FL 34957</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MARSHALL, EDWARD</b>	
STREET ADDRESS	<b>1080 NETTLES BLVD.</b>	
CITY-ST-ZIP	<b>JENSEN BEACH FL 34957</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MARSHALL, HENRYETTE</b>	
STREET ADDRESS	<b>1080 NETTLES BLVD.</b>	
CITY-ST-ZIP	<b>JENSEN BEACH FL 34957</b>	

TITLE	<b>FLEET CAPTAIN</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SALVATO, DOLORES</b>	
STREET ADDRESS	<b>2088 NETTLES BLVD.</b>	
CITY-ST-ZIP	<b>JENSEN BEACH, FL.</b>	
TITLE	<b>VC</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOREA, JOSEPH</b>	
STREET ADDRESS	<b>2025 NETTLES BLVD</b>	
CITY-ST-ZIP	<b>JENSEN BEACH FL.</b>	
TITLE	<b>REAR ADMIRAL</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MONTUSI, BOB</b>	
STREET ADDRESS	<b>378 NETTLES BLVD</b>	
CITY-ST-ZIP	<b>JENSEN BEACH, FL.</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MONTUSI, DIANE</b>	
STREET ADDRESS	<b>378 NETTLES BLVD</b>	
CITY-ST-ZIP	<b>JENSEN BEACH, FL.</b>	
TITLE	<b>BOARD OF GOVERNORS</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>AMRHEIN, ROBERT</b>	
STREET ADDRESS	<b>575 NETTLES BLVD.</b>	
CITY-ST-ZIP	<b>JENSEN BEACH, FL.</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOREA, LOUISE</b>	
STREET ADDRESS	<b>2025 NETTLES BLVD</b>	
CITY-ST-ZIP	<b>JENSEN BEACH, FL.</b>	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Signature*  
**JOSEPH D. MOREA**

**3/7/01**

**(561) 285-2419**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)