

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90079 038 ****61.25

DOCUMENT # 756319
 1. Entity Name
NETTLES ISLAND YACHT CLUB, INC.

| | |
|---|--|
| Principal Place of Business NETTLES ISLAND JENSEN BEACH FL 34957 US | Mailing Address 2025 NETTLES BLVD JENSEN BEACH FL 34957 US |
|---|--|



DO NOT WRITE IN THIS SPACE

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

| | | |
|---|---|--|
| 4. FEI Number 59-2243889 | Applied For <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | |

6. Name and Address of Current Registered Agent

MOREA, LOUISE
2025 NETTLES BLVD
JENSEN BEACH FL 34957-3327

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

| | |
|----------------|--|
| TITLE | C <input type="checkbox"/> Delete |
| NAME | VITALE, JAMES |
| STREET ADDRESS | 448 NETTLES BLVD. |
| CITY-ST-ZIP | JENSEN BEACH FL 34957 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | AMRHEIN, ROBERT |
| STREET ADDRESS | 575 NETTLES BLVD |
| CITY-ST-ZIP | JENSEN BCH FL 34957 |
| TITLE | VC <input type="checkbox"/> Delete |
| NAME | MOREA, JOSEPH |
| STREET ADDRESS | 2025 NETTLES BLVD |
| CITY-ST-ZIP | JENSEN BCH FL 34957 |
| TITLE | S <input checked="" type="checkbox"/> Delete |
| NAME | MONTUSI, DIANE |
| STREET ADDRESS | 378 NETTLES BLVD |
| CITY-ST-ZIP | JENSEN BCH FL |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | MARSHALL, EDWARD |
| STREET ADDRESS | 1080 NETTLES BLVD. |
| CITY-ST-ZIP | JENSEN BEACH FL 34957 |
| TITLE | T <input type="checkbox"/> Delete |
| NAME | MOREA, LOUISE |
| STREET ADDRESS | 2025 NETTLES BLVD |
| CITY-ST-ZIP | JENSEN BEACH FL 34957 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|----------------|--|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROSEANN MARINI |
| STREET ADDRESS | 584 NETTLES BLVD. |
| CITY-ST-ZIP | JENSEN BEACH FL. 34957 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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: Joseph D. Morea **JOSEPH D. MOREA** 02/13/02 **(561) 229-8011**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)