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Feb 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **756514** (6)

1. Corporation Name

TAVARES BOATING CLUB, INC.

Principal Place of Business

Mailing Address

C/O ALFORD, WILLIS
1676 NASSAU CIRCLE
TAVARES FL 32778
US

C/O ALFORD, WILLIS
1676 NASSAU CIRCLE
TAVARES FL 32778
US

3. Date Incorporated or Qualified

02/25/1981

4. FEI Number

59-2366949

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 **C/O DAVID MAHNKEN**

26 **C/O DAVID MAHNKEN**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **2933 MYAKKA RIVER RD**

27 **2933 MYAKKA RIVER RD.**

City & State

City & State

23 **TAVARES, FLA.**

28 **TAVARES FLA.**

Zip

Country

Zip

Country

24 **32778**

25 **U. S. A.**

29 **32778**

30 **U. S. A.**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALFORD, WILLIS
1676 NASSAU CIRCLE
TAVARES FL 32778

81 Name

DAVID MAHNKEN

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

2933 MYAKKA RIVER RD.

83

84 City

TAVARES

FL

85 Zip Code

32778

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 **DAVID K. MAHNKEN, Commodore**

David K Mahnken

1/14/98

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	PD	<input checked="" type="checkbox"/> DELETE
NAME	ALFORD, WILLIS	
STREET ADDRESS	1676 NASSAU CIRCLE	
CITY-ST-ZIP	TAVARES FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MAHNKEN, DAVID	
STREET ADDRESS	2933 MYAKKA RIVER RD.	
CITY-ST-ZIP	TAVARES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, RICHARD	
STREET ADDRESS	609 FOX FUN BLVD.	
CITY-ST-ZIP	TAVARES FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	THERRIEN, AGNES	
STREET ADDRESS	12443 BLUE HERON WAY	
CITY-ST-ZIP	LEESBURG FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SPRING, JOANNE	
STREET ADDRESS	423 PEACE RD.	
CITY-ST-ZIP	TAVARES F	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, JAY	
STREET ADDRESS	2918 WEKIVA RD.	
CITY-ST-ZIP	TAVARES FL	

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MAHNKEN, DAVID	
1.3 STREET ADDRESS	2933 MYAKKA RIVER RD.	
1.4 CITY-ST-ZIP	TAVARES FL 32778	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	YOUNGBLOOD, CHARLES	
2.3 STREET ADDRESS	16326 E. SHIRLEY SHORES RD.	
2.4 CITY-ST-ZIP	TAVARES, FL.	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MAHNKEN, MARILYN	
3.3 STREET ADDRESS	2933 MYAKKA RIVER RD.	
3.4 CITY-ST-ZIP	TAVARES FL 32778	
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	PARMELEE, EDIE	
4.3 STREET ADDRESS	2805 WEKIVA RD	
4.4 CITY-ST-ZIP	TAVARES, FL 32778	
5.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	YOUNGBLOOD, DELORES	
5.3 STREET ADDRESS	16326 E. SHIRLEY SHORES RD.	
5.4 CITY-ST-ZIP	TAVARES, FL. 32788	
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.

SIGNATURE:

David K Mahnken DAVID K. MAHNKEN 1/14/98

(352)343-2134

CR2E037 (10/97)