

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 756514

1. Corporation Name

TAVARES BOATING CLUB, INC.

Principal Place of Business

C/O DAVID MAHNKEN
2933 MYAKKA RIVER RD
TAVARES FL 32778
US

Mailing Address

C/O DAVID MAHNKEN
2933 MYAKKA RIVER RD
TAVARES FL 32778
US

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90129 045 ****61.25



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	1805 TWEED TERRACE	26	1805 TWEED TERRACE	02/25/1981	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				59-2366949	
22		27		Applied For	
City & State		City & State		Not Applicable	
23 LEESBURG FL.		28 LEESBURG FL.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 34788 25 LAKEWA		29 34788 30 U.S.		Trust Fund Contribution	

9. Name and Address of Current Registered Agent

ALFORD, WILLIS
1676 NASSAU CIRCLE
TAVARES FL 32778

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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 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	VD	1.1 TITLE	COMDR - PD CHARLES YOUNGBLOOD
NAME	YOUNGBLOOD, CHARLES	1.2 NAME	1805 TWEED TERRACE
STREET ADDRESS	16326 E SHIRLEY SHORES RD	1.3 STREET ADDRESS	LEESBURG, FL 34778
CITY-ST-ZIP	TAVARES FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	VICE COM VO
NAME	MAHNKEN, DAVID	2.2 NAME	MAHNKEN MARILYN
STREET ADDRESS	2933 MYAKKA RIVER RD.	2.3 STREET ADDRESS	2933 MYAKKA RIVER RD
CITY-ST-ZIP	TAVARES FL	2.4 CITY-ST-ZIP	TAVARES FL 32778
TITLE	D	3.1 TITLE	REAR COM. D
NAME	MAHNKEN, MARILYN	3.2 NAME	GOODKIN SAUL
STREET ADDRESS	2933 MYAKKA RIVER RD	3.3 STREET ADDRESS	7345 HARBORVIEW DR
CITY-ST-ZIP	TAVARES FL 32778	3.4 CITY-ST-ZIP	LEESBURG, FL 34788
TITLE	SD	4.1 TITLE	SECTY SD
NAME	PARMELEE, EDIE	4.2 NAME	PARMELEE EDIE
STREET ADDRESS	2805 WEKIVA RD	4.3 STREET ADDRESS	2805 WEKIVA RD
CITY-ST-ZIP	TAVARES FL 32778	4.4 CITY-ST-ZIP	TAVARES FL 32778
TITLE	TD	5.1 TITLE	TREAS TD
NAME	YOUNGBLOOD, DELORES	5.2 NAME	YOUNGBLOOD DELORES
STREET ADDRESS	16326 E SHIRLEY SHORES RD	5.3 STREET ADDRESS	1805 TWEED TERRACE
CITY-ST-ZIP	TAVARES F 32788	5.4 CITY-ST-ZIP	LEESBURG, FL 34778
TITLE	D	6.1 TITLE	DIRECTOR D
NAME	BROWN, JAY	6.2 NAME	HOLTON ROBERT
STREET ADDRESS	2918 WEKIVA RD.	6.3 STREET ADDRESS	1679 NASSAU CIRCLE
CITY-ST-ZIP	TAVARES FL	6.4 CITY-ST-ZIP	TAVARES FL 32778

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: *Delores Youngblood*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-99 352-343-5250
Date Daytime Phone #

0014926

CR2E037 (1/1/98)