

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 757903 (0)

1. Corporation Name

TIERRA VERDE YACHT CLUB, INC.



Principal Place of Business

200 MADONNA BLVD
PO BOX 58033
TIERRA VERDE FL 33715

Mailing Address

200 MADONNA BLVD
PO BOX 58033
TIERRA VERDE FL 33715

3. Date Incorporated or Qualified
05/07/1981

3a. Date of Last Report
07/11/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

4. FEI Number
59-2210160

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WILKSON, RON C.
1100 PINELLAS BAYWAY
UNIT G-2
TIERRA VERDE FL 33715

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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

7/12/96

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE
NAME PD
STREET ADDRESS WILKSON, RON C.
CITY - ST - ZIP 1100 PINELLAS BAYWAY UNIT G-2
TIERRA VERDE FL

TITLE ☐ DELETE
NAME VD
STREET ADDRESS MILLER, MARTHA E
CITY - ST - ZIP P O BOX 27127 NA
ST PETERSBURG FL

TITLE ☒ DELETE
NAME TD
STREET ADDRESS HARVEY, ROBERT
CITY - ST - ZIP 200 MADONNA BLVD
TIERRA VERDE FL

TITLE ☒ DELETE
NAME PD
STREET ADDRESS AHMAN, STUART
CITY - ST - ZIP 900 PINELLAS BAYWAY UNIT 113
TIERRA VERDE FL

TITLE ☐ DELETE
NAME VD
STREET ADDRESS VOCAR, BILL
CITY - ST - ZIP 900 PINELLAS BAYWAY UNIT 119
TIERRA VERDE, FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE TD ☒ Change ☐ Addition
3.2 NAME MILLER, GENE
3.3 STREET ADDRESS 200 MADONNA BLVD
3.4 CITY - ST - ZIP TIERRA VERDE, FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE VD ☒ Change ☒ Addition
5.2 NAME VOCAR, BILL
5.3 STREET ADDRESS 900 PINELLAS BAYWAY UNIT 119
5.4 CITY - ST - ZIP TIERRA VERDE, FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

7/12/96 813-864-6106