

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 23 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 758390 (9)

1. Corporation Name

MARATHON YACHT CLUB, INC.

Principal Place of Business

825 33RD ST., GULF
MARATHON FL 33050

Mailing Address

825 33RD ST., GULF
MARATHON FL 33050-23013. Date Incorporated or Qualified
05/18/19813a. Date of Last Report
05/29/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-1164934

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TONY GROSSE, MGR.
825 33RD ST. GULF
MARATHON FL 33050

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 local applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	DENNIS KULIG	
STREET ADDRESS	825 33RD ST	
CITY - ST - ZIP	MARATHON FL	

TITLE	T	<input type="checkbox"/> DELETE
NAME	EMILE BURROUGHS	
STREET ADDRESS	825 33RD ST GULF	
CITY - ST - ZIP	MARATHON FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	PARKER, COLIN	
STREET ADDRESS	825 33RD ST GULF	
CITY - ST - ZIP	MARATHON FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	UHL, DICK	
STREET ADDRESS	825 33RD ST GULF	
CITY - ST - ZIP	MARATHON FL	

TITLE	VP	<input type="checkbox"/> DELETE
NAME	EDWARD BUSCH	
STREET ADDRESS	825 33RD ST GULF	
CITY - ST - ZIP	MARATHON FL	

TITLE	P	<input type="checkbox"/> DELETE
NAME	FIELD, PAT	
STREET ADDRESS	825 33RD ST. GULF	
CITY - ST - ZIP	MARATHON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	

2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	S Emilie
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	T Web Gokey
4.3 STREET ADDRESS	825 33rd ST GULF
4.4 CITY - ST - ZIP	Marathon, FL 33050

5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 as an attachment with a signature.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0024855

CR2E037 (9/96)