

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



STATE OF FLORIDA
DEPARTMENT OF REVENUE
DIVISION OF CORPORATE TAXES
TALLAHASSEE, FLORIDA 32399-0001

NOTED
1995

9, 11, 13, 15, 17, 19

2001 LAKESHORE BLVD
PO BOX 420524
KISSIMMEE, FLORIDA

DOCUMENT # 759572

(1)

TOHOPEKALIGA YACHT CLUB, INC.

DO NOT WRITE IN THIS SPACE

1. Principal Place of Business		2a. Mailing Address		3. Date incorporated or organized	3a. Date of Last Report
201 LAKESHORE BLVD PO BOX 420524 KISSIMMEE FL 34742-7524		201 LAKESHORE BLVD PO BOX 420524 KISSIMMEE FL 34742-7524		08/11/1981	04/28/1994
2. Principal Place of Business	2a. Mailing Address	4. EIN Number	Applied Fee		
21	26	59-2523285	Not Applicable		
22. State Appt. # etc.	27. State Appt. # etc.	5. Certificate of Status Issued	\$8.75 Additional Fee Required		
22	27		\$5.00 May Be Added to Fees		
23. City, State	28. City, State	6. For each state in which the corporation has property	\$68.75 Supplemental Fee Not Required		
23	28				
24. Name	25. Name	7. Nonprofit status (check one)	☐ For Profit Status ☐ Not Applicable ☐ Nonprofit Status		
24	25	8. The corporation has liability for information reported by (check one)	☐ Florida Statute ☐ Other		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MELROY, DAVID 2357 NEPTUNE RD. KISSIMMEE FL 34744		81. Name 82. State of Incorporation 83. City 84. State 85. Zip Code	

11. I, the undersigned, certify that the information supplied with this filing is true and correct. I am a duly authorized officer or director of the corporation and I am authorized to execute this statement for the purpose of compliance with the provisions of the Florida Statutes. I am not a resident of the State of Florida. I am not a resident of the State of Florida. I am not a resident of the State of Florida.

12. OFFICERS AND DIRECTORS	13. OFFICERS AND DIRECTORS
NAME: VD ADDRESS: KIMMERLING, PAUL 5035 BISCAYNE RD. KISSIMMEE FL PD NAME: MELROY, DAVID ADDRESS: 2357 NEPTUNE RD. KISSIMMEE FL S NAME: PURDY, SUSAN ADDRESS: P. O. BOX 420524 N/A KISSIMMEE FL T NAME: MELROY, CAROL ADDRESS: 2357 NEPTUNE RD. KISSIMMEE FL D NAME: METZGER, TOM ADDRESS: 940 S. BUCKLEY DR. KISSIMMEE FL D NAME: PARSONS, CHUCK ADDRESS: 805 NEPTUNE RD. KISSIMMEE FL	NAME: PD ADDRESS: GALTWAY JOHN KISSIMMEE FL 34744 V.D NAME: BLAYLOCK DAVID ADDRESS: KISSIMMEE FL 34743 NAME: TOM MILLER ADDRESS: ST. CLOUD FL NAME: MELROY DAVID ADDRESS: 2357 NEPTUNE RD KISSIMMEE FL

14. I, the undersigned, certify that the information supplied with this filing is true and correct. I am a duly authorized officer or director of the corporation and I am authorized to execute this statement for the purpose of compliance with the provisions of the Florida Statutes. I am not a resident of the State of Florida. I am not a resident of the State of Florida. I am not a resident of the State of Florida.

SIGNATURE:

Signature and typed or printed name of signing officer or director

Apr 29 95

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUA, RETURN
1995



DOCUMENT # 759654 (7)

SOUTH RIVER PROPERTY OWNERS' ASSOCIATION, INC.

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

481 S.W. SOUTH RIVER DR
STUART FL 34997

481 S.W. SOUTH RIVER DR
STUART FL 34997

3. Date first incorporated (or 2 months)	3a. Date of Last Report
08/18/1981	04/14/1994
4. FIC Number	5. FIC Number
59-2142503	
6. FIC Number (if changed)	7. FIC Number (if changed)
8. This corporation has liability for its obligations for the year 1993/94	9. This corporation has liability for its obligations for the year 1993/94
☒ Yes	☒ Yes

2. Principal Place of Business	2a. Mailing Address
21. 30 SW South River Dr.	26. 30 SW South River Dr.
22. City & State	27. City & State
23. Stuart, FL 34997	28. Stuart, FL 34997
24. City	29. City
25. State	30. State

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WACKEN & CORNETT 401 E. OSCEOLA ST. STUART FL 34994	
81. Name	82. Name (if changed)
83. City	84. City
85. State	86. State
FL	FL

11. I, the undersigned, do hereby certify that the foregoing information is true and correct, and I am a duly authorized officer of the corporation, and I am authorized to execute this statement for the purpose of changing its registered office as required by the laws of the State of Florida, and the changes were authorized by the corporation's board of directors, and I hereby accept this appointment as registered agent.

SIGNATURE

12. OFFICERS AND DIRECTORS	13. OFFICERS AND DIRECTORS
NAME PD DONELLI, ALLAN 271 SW SOUTH RIVER DR. #207 STUART FL	NAME President PD Woolley, Claire 541 SW South River Dr. #206 Stuart, FL 34997
NAME VPD WOOLLEY, CLAIRE 571 SW SOUTH RIVER DR. #206 STUART FL	NAME Vice President VPD Dhue, Ray 360 SW South River Dr. #207 Stuart, FL 34997
NAME S SMIT, DONNA 241 S.W. S. RIVER DR. #207 STUART FL	NAME Secretary SD Smit, Donna 241 SW South River Dr. 207 Stuart, FL 34997
NAME TD DE HAVEN, BERRIE 741 S.W. S. RIVER DR. STUART FL	NAME Treasurer TD De Haven, Berrie 741 SW South River Dr. #205 Stuart, FL 34997
NAME AS GRANGER, RICHARD 570 SW SOUTH RIVER DR. STUART FL	NAME Director D Donelli, Allan 271 SW South River Dr. #207 Stuart, FL 34997

14. I, the undersigned, do hereby certify that the foregoing information is true and correct, and I am a duly authorized officer of the corporation, and I am authorized to execute this statement for the purpose of changing its registered office as required by the laws of the State of Florida, and the changes were authorized by the corporation's board of directors, and I hereby accept this appointment as registered agent.

SIGNATURE: *Claire Woolley* CLAIRE WOOLLEY 4/11/95 407-283-9273