

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 759572 (1)

1. Corporation Name

TOHOPEKALIGA YACHT CLUB, INC.

Principal Place of Business

201 LAKESHORE BLVD
PO BOX 420524
KISSIMMEE FL 34742-7524

Mailing Address

201 LAKESHORE BLVD
PO BOX 420524
KISSIMMEE FL 34742-7524



3. Date Incorporated or Qualified
08/11/1981

3a. Date of Last Report
05/01/1995

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

4. FEI Number
59-2523285

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

10. Name and Address of New Registered Agent

MELROY, DAVID
2357 NEPTUNE RD.
KISSIMMEE FL 34744

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME CALLAWAY, JOHN ☐ DELETE
STREET ADDRESS 5035 BISCAYNE RD.
CITY-ST-ZIP KISSIMMEE FL

1.1 TITLE D ☐ Change ☐ Addition
1.2 NAME LAPIDO JERRY
1.3 STREET ADDRESS 2500 OAK HOLLOW DR
1.4 CITY-ST-ZIP KISSIMMEE FLA 34744

TITLE VD ☒ DELETE
NAME BLAYLOCK, DAVID
STREET ADDRESS 2357 NEPTUNE RD.
CITY-ST-ZIP KISSIMMEE FL

2.1 TITLE FRED BRUNSON ☒ Change ☐ Addition
2.2 NAME 201 CAROL ST
2.3 STREET ADDRESS KISSIMMEE FLA 34741

TITLE S ☐ DELETE
NAME MILLER, TONI
STREET ADDRESS P. O. BOX 420524 N/A
CITY-ST-ZIP ST. CLOUD FL

3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME DECKER DECKER
3.3 STREET ADDRESS 7025 AUGUSTA NATIONAL DRIVE
3.4 CITY-ST-ZIP ORLANDO FL 32872

TITLE T ☐ DELETE
NAME MELROY, CAROL
STREET ADDRESS 2357 NEPTUNE RD.
CITY-ST-ZIP KISSIMMEE FL

4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME FORREST STANLEY
4.3 STREET ADDRESS 1621 COLONY
4.4 CITY-ST-ZIP KISSIMMEE FLA 34744

TITLE D ☐ DELETE
NAME MELROY, DAVID
STREET ADDRESS 2357 NEPTUNE RD
CITY-ST-ZIP KISSIMMEE FL

5.1 TITLE D ☐ Change ☒ Addition
5.2 NAME WISHART JOHN
5.3 STREET ADDRESS 1560 CYPRESS WOOD CIRCLE
5.4 CITY-ST-ZIP ST-CL CLOUD FL 34772

TITLE D ☒ DELETE
NAME PARSONS, CHUCK
STREET ADDRESS 805 NEPTUNE RD.
CITY-ST-ZIP KISSIMMEE FL

6.1 TITLE D ☒ Change ☐ Addition
6.2 NAME LAWRENCE RICHARD
6.3 STREET ADDRESS 1614 EXMOS
6.4 CITY-ST-ZIP KISSIMMEE FLA 34741

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

30, 1996 407-847-9419

CR2E037 (12/95)