

FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 34742-0524**



3. Date Incorporated or Qualified
08/11/1981

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 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

**MELROY, DAVID
2357 NEPTUNE RD.
KISSIMMEE FL 34744**

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

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **LAPIDO, JERRY**
STREET ADDRESS **2500 OAK HOLLOW DR.**
CITY-ST-ZIP **KISSIMMEE FL**

TITLE **VD** ☐ DELETE
NAME **BRUNSON, FRED**
STREET ADDRESS **201 CAROL ST.**
CITY-ST-ZIP **KISSIMMEE FL**

TITLE **D** ☐ DELETE
NAME **DECKER, DECKER**
STREET ADDRESS **7025 AUGUSTA NATIONAL DRIVE**
CITY-ST-ZIP **ORLANDO FL**

TITLE **D** ☐ DELETE
NAME **STANLEY, FORREST**
STREET ADDRESS **1621 COLONY**
CITY-ST-ZIP **KISSIMMEE FL**

TITLE **D** ☐ DELETE
NAME **WISHART, JOHN**
STREET ADDRESS **1560 CYPRESSWOOD CIRCLE**
CITY-ST-ZIP **ST. CLOUD FL**

TITLE **D** ☐ DELETE
NAME **LAWRENCE, RICHARD**
STREET ADDRESS **1614 ERNEST**
CITY-ST-ZIP **KISSIMMEE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ 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 ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
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 on an attachment with an address.

SIGNATURE: **L. Lapido**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-97 407-847-9419
Date Daytime Phone # 0069651

CR2E037 (9/96)