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**Feb 18, 1999 8:00 am**  
**Secretary of State**

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 759572**

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

08/11/1981

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

9. Name and Address of Current Registered Agent

FORREST, STANLEY  
1621 COLONY  
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 CALLAWAY, BUZZ  
STREET ADDRESS 2500 CYPRESS LANE  
CITY-ST-ZIP KISSIMMEE FL 34746

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 S ☐ DELETE  
NAME MILLER, TONI  
STREET ADDRESS 2184 PINE TERRACE  
CITY-ST-ZIP ST. CLOUD FL 34771

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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

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

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

☐ Change ☐ Addition

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14. I 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, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/2/99

407-8479122

0073231

CR2E037 (1/98)