


FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90073 023 ****70.00

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # 761541

1. Corporation Name

LOBLOLLY BAY YACHT CLUB, INC.

 Principal Place of Business
 8000 SE LITTLE HARBOUR DR
 HOBE SOUND FL 33455

 Mailing Address
 8000 SE LITTLE HARBOUR DR
 HOBE SOUND FL 33455


| | | | | | |
|--------------------------------|--|---------------------|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | | 2b | | 01/20/1982 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| 22 | | 27 | | 59-2173283 | |
| City & State | | City & State | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 | | 28 | | 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Zip | | Country | | Trust Fund Contribution <input type="checkbox"/> | |
| 24 | | 25 | | 29 | |
| 30 | | 31 | | 32 | |

9. Name and Address of Current Registered Agent

 FLANIGAN, JOHN F. (ESQUIRE)
 625 N. FLAGLER DR. 9TH FLOOR
 WEST PALM BEACH FL 33402

10. Name and Address of New Registered Agent

 81 Name JANE CORNETT
 82 Street Address (P.O. Box Number is Not Acceptable)
 83 401 E OSCOLA ST.
 84 City STUART FL 85 Zip Code 34994

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 | TD | 1.1 TITLE | PD |
| NAME | RODT, SHEEHAN | 1.2 NAME | |
| STREET ADDRESS | 7800 SE LITTLE HARBOUR DRIVE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | HOBE SND FL 33455 | 1.4 CITY-ST-ZIP | |
| TITLE | DP | 2.1 TITLE | D |
| NAME | BODEEN, GEORGE | 2.2 NAME | |
| STREET ADDRESS | 7802 SE SANDERLING PLACE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | HOBE SOUND FL | 2.4 CITY-ST-ZIP | |
| TITLE | D | 3.1 TITLE | AVP |
| NAME | MCNERNEY, WALTER | 3.2 NAME | TED HEARLE |
| STREET ADDRESS | 7900 SE LITTLE HARBOUR DRIVE | 3.3 STREET ADDRESS | 6325 POMPADOR ST. |
| CITY-ST-ZIP | HOBE SOUND FL | 3.4 CITY-ST-ZIP | PALM BEACH GARDENS, FL 33418 |
| TITLE | AV | 4.1 TITLE | |
| NAME | WORRALL, STEVEN R | 4.2 NAME | |
| STREET ADDRESS | 8000 SE LITTLE HARBOUR D | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | HOBE SND FL | 4.4 CITY-ST-ZIP | |
| TITLE | D | 5.1 TITLE | TD |
| NAME | WENTZ, HOWARD | 5.2 NAME | |
| STREET ADDRESS | 173 ADAMS LANE | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | NEW CANAAN CT | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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 REQUIRED

1-15-99

561-546-3660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)