

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 12 PM 12:14

DOCUMENT # 769738 (6)

1. Corporation Name
MARINA POINT YACHT CLUB, INC.

Principal Place of Business Mailing Address
450 BASIN STREET DAYTONA BEACH FL 32114 **PO BOX 2605 DAYTONA BEACH FL 32115**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/04/1983** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-2394840** Applied For Not Applicable

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
24 25 29 30

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
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

**SCHULZ, JEFFERYS L.
140 S. ATLANTIC AVENUE
ORMOND BEACH, FL 32175**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD
NAME HAD, CLAIRE
STREET ADDRESS 450 BASIN ST. H28
CITY - ST - ZIP DAYTONA BCH FL

TITLE VCD
NAME KUEHL, JOE
STREET ADDRESS 3600 PENINSULA DR. #8
CITY - ST - ZIP PORT ORANGE FL

TITLE RCD
NAME MERRICK, ROBERT
STREET ADDRESS 231 BIRDLE PATH LANE
CITY - ST - ZIP ORMOND BEACH FL

TITLE SD
NAME BROWN, SANDY
STREET ADDRESS 289 EVANSDALE RD.
CITY - ST - ZIP LAKE MARY FL

TITLE T
NAME ENSMINGER, DAN
STREET ADDRESS 2924 RIVERPOINT DR.
CITY - ST - ZIP DAYTONA BCH FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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 **ROD HOENAN**
2 3 STREET ADDRESS **664 N. Longview Place**
2 4 CITY - ST - ZIP **Longwood, FL 32785**

3 1 TITLE Change Addition
3 2 NAME **CAROLE WAINWRIGHT**
3 3 STREET ADDRESS **446 RIVERVIEW AVE**
3 4 CITY - ST - ZIP **SANFORD, FL 32771**

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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addition.

SIGNATURE: **DANIEL D. ENSMINGER, TREASURER** *Daniel D. Ensminger* 4/2/95 (904) 256-0129
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (typed name)