

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 AUG 27 PM 12:13

DOCUMENT # 769738 (6)
1. Corporation Name

MARINA POINT YACHT CLUB, INC.

Principal Place of Business

450 BASIN STREET
DAYTONA BEACH FL 32114

Mailing Address

PO BOX 2605
DAYTONA BEACH FL 32115

3. Date Incorporated or Qualified
08/04/1983

3a. Date of Last Report
04/12/1995

4. FEI Number
59-2394840

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

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

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)

300001940003

83

09705796-01073-028

*****61.25 *****61.25

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 CD
NAME HAID, CLAIRE
STREET ADDRESS 450 BASIN ST. H28
CITY-ST-ZIP DAYTONA BCH FL ☒ DELETE

TITLE VCD
NAME KEENAN, ROD
STREET ADDRESS 684 N. LONGVIEW PL
CITY-ST-ZIP LONGWOOD FL ☒ DELETE

TITLE RCD
NAME WAINWRIGHT, CAROLE
STREET ADDRESS 446 RIVERVIEW AVE
CITY-ST-ZIP SANFORD FL ☒ DELETE

TITLE SD
NAME BROWN, SANDY
STREET ADDRESS 289 EVANS DALE RD.
CITY-ST-ZIP LAKE MARY FL ☒ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☒ Change ☐ Addition

1.2 NAME

CD

1.3 STREET ADDRESS

Benton, Sue

1.4 CITY-ST-ZIP

P. O. Box 1805
Daytona Beach, FL 32115-1805 ☒ Change ☐ Addition

2.1 TITLE

VCD

2.2 NAME

Fred Villers

2.3 STREET ADDRESS

PO Box 743

2.4 CITY-ST-ZIP

Daytona Beach, FL 32115 ☒ Change ☐ Addition

3.1 TITLE

RCD

3.2 NAME

Reagan, Charles

3.3 STREET ADDRESS

c/o Barney's Leather 438 N. Beach

3.4 CITY-ST-ZIP

Daytona Beach, FL 32114 ☒ Change ☐ Addition

4.1 TITLE

SD

4.2 NAME

Clinton, Kathryn

4.3 STREET ADDRESS

112 Beverly Court

4.4 CITY-ST-ZIP

Daytona Beach, FL 32114 ☒ Change ☐ Addition

5.1 TITLE

TD

5.2 NAME

Schulz, Jefferys L.

5.3 STREET ADDRESS

112 Beverly Court

5.4 CITY-ST-ZIP

Daytona Beach, FL 32114 ☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

QR 9B

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 in 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

Date

Daytime Phone #

0001201

CR2E037 (3/96)