

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90251 040 \*\*\*300.00

0079115

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # G52369**

1. Corporation Name  
**KENNEDY POINT YACHT CLUB, INC.**

Principal Place of Business  
4749 S. WASHINGTON AVE.  
TITUSVILLE FL 32780  
US

Mailing Address  
4749 S WASHINGTON DR  
TITUSVILLE FL 32780  
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/02/1983**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

**59-2310128**

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

Zip

Country

Zip

Country

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STOTTLER, RICHARD H. JR.  
8680 N. ATLANTIC AVE.  
CAPE CANAVERAL FL 32920

81 Name **Thomas E. Wasdin**

82 Street Address (P.O. Box Number is Not Acceptable)  
**4749 S. Washington Ave.**

83

84 City **Titusville**

85 Zip Code  
**FL 32780**

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

*Thomas E. Wasdin*

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 **DST** ☒ DELETE  
NAME **SHANE, C R**  
STREET ADDRESS **500 FRIDAY RD**  
CITY-ST-ZIP **COCOA FL 32926**

1.1 TITLE **DP** ☐ Change ☒ Addition  
1.2 NAME **Thomas E. Wasdin**  
1.3 STREET ADDRESS **4749 S. Washington Ave.**  
1.4 CITY-ST-ZIP **Titusville, FL 32780**

TITLE **DP** ☒ DELETE  
NAME **STOTTLER, RICHARD H., JR**  
STREET ADDRESS **8680 N. ATLANTIC AVE**  
CITY-ST-ZIP **CAPE CANAVERAL FL 32920**

2.1 TITLE **DST** ☐ Change ☒ Addition  
2.2 NAME **L Sue Wasdin**  
2.3 STREET ADDRESS **4749 S. Washington Ave.**  
2.4 CITY-ST-ZIP **Titusville, FL 32780**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 607, 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:

*Thomas E. Wasdin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/31/99**  
Date

**407-383-0280**  
Daytime Phone #

CR2E034 (11/98)