FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 17 PM 1:27

DOCUMENT # L03027 (4)

1. Corporation Name
APOLLO BEACH YACHT CLUB, INC.

Principal Place of Business	Mailing Address
P.O. BOX 3494 APOLLO BEACH FL 33572	P.O. BOX 3494 APOLLO BEACH FL 33572

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/12/1989
3a. Date of Last Report: 11/02/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 59-2967237 ☐ 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

9. Name and Address of Current Registered Agent

REED, SANDY
6310 COCOA LANE
APOLLO BEACH FL 33572

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 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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	11 TITLE		☐ Change ☐ Addition
NAME	RACHEL, ALBERT W.	12 NAME		
STREET ADDRESS	760 GRAN KAYMON WAY	13 STREET ADDRESS		
CITY ST ZIP	APOLLO BEACH FL	14 CITY ST ZIP		
TITLE	VP	21 TITLE		☐ Change ☐ Addition
NAME	STONE, THOMAS	22 NAME		
STREET ADDRESS	1003 SAGO PALM WAY	23 STREET ADDRESS		
CITY ST ZIP	APOLLO BEACH FL	24 CITY ST ZIP		
TITLE	S	31 TITLE		☐ Change ☐ Addition
NAME	HEDLER, CAROL	32 NAME		
STREET ADDRESS	6513 SEABIRD WAY	33 STREET ADDRESS		
CITY ST ZIP	APOLLO BEACH FL	34 CITY ST ZIP		
TITLE	T	41 TITLE		☐ Change ☐ Addition
NAME	REED, SANDY	42 NAME		
STREET ADDRESS	6310 COCOA LANE	43 STREET ADDRESS		
CITY ST ZIP	APOLLO BEACH FL	44 CITY ST ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	ELSBERRY, THOMAS	52 NAME		
STREET ADDRESS	6303 BALBOA LANE	53 STREET ADDRESS		
CITY ST ZIP	APOLLO BEACH FL	54 CITY ST ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	ANKERMILLER, DALE	62 NAME		
STREET ADDRESS	6607 SURFSIDE BLVD.	63 STREET ADDRESS		
CITY ST ZIP	APOLLO BEACH FL	64 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 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.

SIGNATURE: Sandy Reed SANDY REED — 1-11-95 — (813) 645-0252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0441730 FP