

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

FILED
Feb 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # L03027 (4)
1. Corporation Name
APOLLO BEACH YACHT CLUB, INC.

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

Mailing Address
P.O. BOX 3494
APOLLO BEACH FL 33572



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/12/1989	
21	Suite, Apt. #, etc.	25	Suite, Apt. #, etc.	4. FEI Number 59-2967237	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	Country	29	Country	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. Name and Address of Current Registered Agent REED, SANDY 8310 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
				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 reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	C	<input type="checkbox"/> DELETE			
NAME	RACHEL, ALBERT W.				
STREET ADDRESS	780 GRAN KAYMON WAY				
CITY-ST-ZIP	APOLLO BEACH FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	STONE, THOMAS				
STREET ADDRESS	1003 SAGO PALM WAY				
CITY-ST-ZIP	APOLLO BEACH FL				
TITLE	S	<input type="checkbox"/> DELETE			
NAME	FREE, JEANNE				
STREET ADDRESS	811 BUNKER VIEW DR				
CITY-ST-ZIP	APOLLO BEACH FL				
TITLE	T	<input type="checkbox"/> DELETE			
NAME	REED, SANDY				
STREET ADDRESS	8310 COCOA LANE				
CITY-ST-ZIP	APOLLO BEACH FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	ELSBERRY, THOMAS				
STREET ADDRESS	904 ALLEGRO LANE				
CITY-ST-ZIP	APOLLO BEACH FL				
TITLE	VP	<input checked="" type="checkbox"/> DELETE			
NAME	ALTIERY, RAYMOND				
STREET ADDRESS	726 EAGLE LANE				
CITY-ST-ZIP	APOLLO BEACH FL				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME	ELSBERRY, THOMAS				
1.3 STREET ADDRESS	904 ALLEGRO LANE				
1.4 CITY-ST-ZIP	APOLLO BEACH, FL. 33572				
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME	SHUTE, JOHN				
2.3 STREET ADDRESS	820 GOLF ISLAND DRIVE				
2.4 CITY-ST-ZIP	APOLLO BEACH, FL. 33572				
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME	DUCKSTEIN.				
5.3 STREET ADDRESS	6005 ADAGIO LANE				
5.4 CITY-ST-ZIP	APOLLO BEACH, FL. 33572				
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Sandra B. Mortham* *Sandra B. Mortham* 1/29/98 (012) 145 1252

CR2E034 (10/97)