PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	VIEN # L03027				
	BEACH YACHT CLUB, INC.				
AI OLLO	DEAON MON CEOD, INC.			I JERUSENI DIA ROJRO NIKOL BRIJO NJOR JOSE PIL	eri didir didir didir didir didir 1801
		•			
Principal Place	of Business	Mailing Address		1 (001001) 1011 00100 1111 00100 11811 1001 014	ill Black albit athit albit acost tabi
P.O. BOX 3494		P.O. BOX 3494			
APOLLO BEACH FL 33572 APOLLO BEACH FL 33572					
		i .		DO NOT WRITE IN TH	1IS SPACE
				3. Date Incorporated or Qualifed 07/12/1989	
- 0 : :1 0	(B.::	2a. Mailing Address		4. FEI Number	Applied For
	ace of Business	F		59-2967237	Not Applicable
Suite, Apt.	# oto	Suite, Apt. #, etc.			\$8.75 Additional
		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23	•	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	Intangible
24	25	29 30	<u> </u>	Personal Property Tax.	☐ Yes ☐ No
	g. Name and Address of Current	Registered Agent		10. Name and Address of New Register	ed Agent
81 Name				JOHN R. SHUTE	į
REED, SANDY			82 Street	Address (P.O. Boy Number is Not Accentable)	10
6310 COCOA LANE			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	to voce 1 summer)r
APOLLO BEACH FL 33572			83		
<u> </u>				11 B	85 Zip Code
					L 33377
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 JOHN R. Shute, Treasurer 001/000000 3/1/99					
	Signature, typed or printed name of registered agent a	``	gistered Agent signature n	equired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	
12.	OFFICERS AND	DELETE	13.	VICE COMMODORE	Change Addition
TITLE	DUCKSTEIN	E.) DELL'10	1.2 NAME	Vice Comments	~ · -
NAME	60005 ADAGIO LANE		1.3 STREET ADDRESS		
STREET ADDRESS	APOLLO BEACH FL 33572	•			
CITY-ST-ZIP	D DENOTITE SSOIZ	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	DIRECTOR	Change Addition
TITLE	SHULTE, JOHN	Α	.2.2 NAME	JOSEPHINE PAVIS	
NAME !	820 GULF ISLAND DRIVE		2.3 STREET ADDRESS	1007 SAGO PARM WAY	
STREET ADDRESS	APOLLO BEACH FL 33572	ه جينمشڪ مدد د د د	2. 4 CITY-ST-ZIP	- Apollo Beach - 9- 3357	72
TITLE	S	☐ DELETE	3.1 TITLE	DIRECTOR	☐ Change ★Addition
NAME	FREE, JEANNE	_ _ · · · · · ·	3.2 NAME	WENDEL WALKER	′
STREET ADDRESS	811 BUNKER VIEW DR		3.3 STREET ADDRESS	12- A 11200000 M 1 AUL	_
CITY-ST-ZIP	APOLLO BEACH FL		3.4. CITY-ST-ZIP	Apollo Beach, Pl 3	3572
TITLE	T	™ DELETE	4,1 TITLE	TREASURAL	Change Addition
NAME	REED, SANDY	•	4. 2 NAME	JOHN R. SHUTE	1
STREET ADDRESS	6310 COCOA LANE		4.3 STREET ADDRESS	820 GOLF ISLAND DR	
CITY-ST-ZIP	APOLLO BEACH FL		4.4 CITY-ST-ZIP	Apollo BEACH, Pl 33512	<u></u>
TITLE	C	☐ DELETE	5.1 TITLE	PAST COMMODORE	Change Addition
NAME	ELSBERRY, THOMAS		5.2 NAME	•	
STREET ADDRESS	904 ALLEGRO LANE		5.3 STREET ADDRESS		
CITY-ST-ZIP	APOLLO BEACH FL 33572		5.4 CITY-ST-ZIP		
	FODEAD COMMONOR	DELETE	6.1 TITLE	COMMODOCE	Change 77 Addition

STREET ADDRESS | 10 CQ | SAGO PARM WAY

CITY-ST-ZIP | 10 CQ | SAGO PARM WAY

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 chapged, or on an attachment with an address, with all other like empowered.

6.2 NAME

SIGNATURE:

NAME

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LOUCHUIS

reasurer

DOMINION GAGLIARDI

6605 DOLPHAN COVE DR

727-803-3556

Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90170 019 ***150.00