

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **M80412** (3)  
1. Corporation Name  
**QUEEN'S HARBOUR YACHT & COUNTRY CLUB, INC.**



Principal Place of Business  
**13361 ATLANTIC BLVD.  
JACKSONVILLE FL 32225**

Mailing Address  
**13361 ATLANTIC BLVD.  
JACKSONVILLE FL 32225**

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country  
25

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country  
30

3. Date Incorporated or Qualified  
**05/11/1988**

3a. Date of Last Report  
**02/14/1995**

4. FEI Number  
**59-2942729**

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

**GILES, JOEL B.  
200 CENTRAL AVE.  
STE. 1210  
ST. PETERSBURG FL 33701**

10. Name and Address of New Registered Agent

81 Name  
**Parry, Edward H.**

82 Street Address (P.O. Box Number is Not Acceptable)  
**2325 Ulmerton Road**

83 Suite 20

84 City  
**Clearwater**

85 Zip Code  
**FL 34622**

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 *Edward H. Parry*  
Signature typed or printed name of registered agent and the corporation

*Edward H. Parry, VP*  
(Name of Registered Agent Signature is required when registering)

*4/16/96*  
DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PST	DODSON JR, J. THOMAS	13361 ATLANTIC BLVD.	JACKSONVILLE FL	<input checked="" type="checkbox"/>
P	DODSON, J. THOMAS	13361 ATLANTIC BLVD.	JACKSONVILLE FL	<input type="checkbox"/>
VST	ROACH, PATRICIA	13361 ATLANTIC BLVD.	JACKSONVILLE FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP	Change	Addition
VST	Parry, Edward H.	2325 Ulmerton Road, Suite 20	Clearwater, FL 34622	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 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: *Edward H. Parry* **Edward H. Parry V.P.** *4/16/96* **813-576-6424**  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Last Name, First Name, Middle Initial)

CR2E034 (12/95)