PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M83392 1. Corporation Name

STUART	' YACHT CLUB AND MARIN	NA, INC	•			,						
Principal Place	e of Business	Mai	iling Address		_		┪	C SOME MONTH OF LINEAU EST	W (144 181)	& liki difili A	Min denet midit	BHOTT BEART EAST.
400 N.W. ALICE AVE. 400 N.W. ALICE AVE. STUART FL 34994 STUART FL 34994												
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							l'	ite incorporated or 0 5/26/1988	Dealifed			
2. Principal P	Place of Business	2a.	Mailing Address				3	l Number			<u> </u>	pplied For
21		26					65	5-0053379			N	ot Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5 Co	ertificate of Status De	estred			Additional
22		27					J. 50					equired
City & Stat	te	├	City & State	·- ·				ection Campaign Fir	_	D _		May Be
23		28						ust Fund Contribution			Added	10 F965
Zip	Country	_	Zip	Cour	ntry			is corporation owes		nt year int	angible Yes	□No
24	25	29		30	<u> </u>			rsonal Property Tax sme and Address o		enistered		
	9. Name and Address of Curre	nt Regist	ered Agent		81	Name	10. 110	mile elle pleet 200 (71 100 01 10	- Grance		
STO	NE. ROBERT E			ł							*	
	SEVENTEENTH ST.				82	Street Addre	985 (P.O.	Box Number is Not	Acceptal	ole)		
	TE 2D			}	83							
	O BEACH FL 32960				-							
					84	City				FL		Code
agent. I a	im familiar with, and accept the oblig	ations of,	Section 607.0505, Flo	rida Statu	ites.				4.			J
agent. I a SIGNATURE	to the provisions of Sections 607.05 registered agent, or both, in the State im familiar with, and accept the oblig Signature, typed or printed name of registered signature. OFFICERS A	gent and title if	applicable (NOTE	Hioma	• (U-Y	when minst	<u> </u>		DATE	D DIRECTO	ORS IN 12
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if	PHULAHA S	Registered	er € Agent	U-7	when minst	tating)		DATE	25	
SIGNATURE	Signature, typed or printed name of registered ag OFFICERS A PD SKIDMORE, ROBERT J	gent and title if	applicable (NOTE	13. 1.1 TH	Agent Agent ILE	signature required	when minst	tating)		DATE	D DIRECTO	ORS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered ag OFFICERS A PD SKIDMORE, ROBERT J 400 NW ALICE AVE	gent and title if	applicable (NOTE	13. 1.1 TH	Agent Agent ILE	U-7	when minst	tating)		DATE	D DIRECTO	ORS IN 12
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SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or private name of registered age OFFICERS A PD SKIDMORE, ROBERT J 400 NW ALICE AVE STUART FL	gent and title if	applicable (NOTE	13. 1.1 TII 1.2 NA 1.3 STI 1.4 CTI 2.1 TII	Agenti TLE WIE REET/	signature required	when minst	tating)		DATE	D DIRECTO	ORS IN 12
SIGNATURE 12. ITILE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or private name of registered age OFFICERS A PD SKIDMORE, ROBERT J 400 NW ALICE AVE STUART FL ST SKIDMORE, PAULETTE	gent and title if	Spokestia (NOTE CTORS	13. 1.1 TII 1.2 NA 1.3 STI 1.4 CTI 2.1 TIT 2.2 NA	Agent TLE WE REET/ IY-ST- TLE	ADDRESS	when minst	tating)		DATE	D DIRECTO	DRS IN 12
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6.4 CITY-ST-ZIP

14. [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 suppliemental 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. Dhalson Prulette Skipinene Contractor

SIGNATURE:

CITY-ST-ZP

Jun 18, 1999 8:00 am Secretary of State

06-18-1999 90011 007 ***150.00

07-08-1999 90019 048 ***408.75