FILE NOW: FILING FEE IS $61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997

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

FILED
Mar 26 1997 8:00am
Secretary of State

DOCUMENT # **N06301**   (8)
1. Corporation Name

APOLLO BEACH YACHT CLUB FOUNDATION, INC.

Principal Place of Business	Mailing Address
6505 ~~6613~~ SURFSIDE DRIVE APOLLO BEACH FL 33572	P.O. BOX 3494 APOLLO BEACH FL 33572-1004

3. Date Incorporated or Qualified	3a. Date of Last Report
11/26/1984	04/05/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21	6505 SURFSIDE DRIVE	26		59-2419096	Not Applicable

Suite, Apt. #, etc.		Suite, Apt. #, etc.		
22		27		5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

City & State		City & State		
23	APOLLO BEACH FL.	28		6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip	Country	Zip	Country	
24	33572 25	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent

REED, SANDY 6310 COCOA LANE APOLLO BEACH FL 33572	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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Sandy Reed, Treasurer*   3-10-97
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	REED, SANDY	1.2 NAME	
STREET ADDRESS	6310 COCOA LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	APOLLO BEACH FL 33572	1.4 CITY-ST-ZIP	
TITLE	S ☒ DELETE	2.1 TITLE S	☐ Change ☒ Addition
NAME	SHUTE, JOHN	2.2 NAME FREE, JEANNE	
STREET ADDRESS	820 GOLF ISLAND DRIVE	2.3 STREET ADDRESS 811 BUNKER VIEW DR	
CITY-ST-ZIP	APOLLO BEACH FL 33572	2.4 CITY-ST-ZIP APOLLO BEACH, FL 33572	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	NORMAN, OLIVER	3.2 NAME	
STREET ADDRESS	907 GOLF ISLAND DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	APOLLO BEACH FL 33572	3.4 CITY-ST-ZIP	
TITLE	D ☒ DELETE	4.1 TITLE D	☐ Change ☒ Addition
NAME	STONE, THOMAS	4.2 NAME DUCKSTEIN, WAYNE	
STREET ADDRESS	1003 SAGO PALM WAY	4.3 STREET ADDRESS 6005 ADAGIO LANE	
CITY-ST-ZIP	APOLLO BEACH FL 33572	4.4 CITY-ST-ZIP APOLLO BEACH FL 33572	
TITLE	D ☒ DELETE	5.1 TITLE D	☐ Change ☒ Addition
NAME	THIELE, DAN	5.2 NAME HANGEN, WILLIAM	
STREET ADDRESS	6603 DOLPHIN COVE DRIVE	5.3 STREET ADDRESS 3904 ROLLING TERRACE	
CITY-ST-ZIP	APOLLO BEACH FL 33572	5.4 CITY-ST-ZIP VALRICO, FL.	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sandra J. Reed* REQUIRED   3-10-97   (813) 645-0252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone # 0046359

CR2E037 (9/96)