

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 21, 1999 8:00 am**  
**Secretary of State**

04-21-1999 90211 007 \*\*\*\*61.25

**DOCUMENT # N06301**

1. Corporation Name

**APOLLO BEACH YACHT CLUB FOUNDATION, INC.**

Principal Place of Business

6505 SURFISDE DR  
APOLLO BEACH FL 33572  
US

Mailing Address

P.O. BOX 3494  
APOLLO BEACH FL 33572



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

Country

30

3. Date Incorporated or Qualified

11/26/1984

4. FEI Number

59-2419096

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

REED, SANDY  
6310 COCOA LANE  
APOLLO BEACH FL 33572

10. Name and Address of New Registered Agent

81 Name

John R. Shute

82 Street Address (P.O. Box Number is Not Acceptable)

820 GOLF ISLAND DR

83

84 City

Apollo Beach

FL

85 Zip Code

33572

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

John R. Shute

3-1-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

T  
NAME REED, SANDY  
STREET ADDRESS 6310 COCOA LANE  
CITY-ST-ZIP APOLLO BEACH FL 33572  
☒ DELETE

S  
NAME FREE, JEANNE  
STREET ADDRESS 811 BUNKER VIEW DR  
CITY-ST-ZIP APOLLO BEACH FL  
☐ DELETE

D  
NAME SHUTE, JOHN  
STREET ADDRESS 820 GOLF ISLAND DR  
CITY-ST-ZIP APOLLO BCH FL 33572  
☐ DELETE

D  
NAME DUCKSTEIN, WAYNE  
STREET ADDRESS 6005 ADAGIO LN  
CITY-ST-ZIP APOLLO BEACH FL  
☐ DELETE

D  
NAME HANGEN, WILLIAM  
STREET ADDRESS 3904 ROLLING TERR  
CITY-ST-ZIP VALRICO FL  
☒ DELETE

REAR COMMODORE  
NAME MIKE Lovchuk  
STREET ADDRESS 1009 SAGO PALM WAY  
CITY-ST-ZIP APOLLO BEACH FL 33572  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PAST COMMODORE ☐ Change ☒ Addition  
1.2 NAME THOMAS ELSBERRY  
1.3 STREET ADDRESS 904 ALLEGRO LANE  
1.4 CITY-ST-ZIP APOLLO BEACH FL 33572

2.1 TITLE DIRECTOR ☐ Change ☒ Addition  
2.2 NAME JOSEPHINE DAVIS  
2.3 STREET ADDRESS 1007 SAGO PALM WAY  
2.4 CITY-ST-ZIP APOLLO BEACH FL 33572

3.1 TITLE TREASURER ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE VICE COMMODORE ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE DIRECTOR ☐ Change ☒ Addition  
5.2 NAME WENDELL WALKER  
5.3 STREET ADDRESS 6329 WISKATA LANE  
5.4 CITY-ST-ZIP APOLLO BEACH FL 33572

6.1 TITLE COMMODORE ☐ Change ☒ Addition  
6.2 NAME DOMINICK GAGLIARDI  
6.3 STREET ADDRESS 6605 DOLPHIN CAY DR  
6.4 CITY-ST-ZIP APOLLO BEACH FL 33572

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 617, 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.

SIGNATURE: John R. Shute  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
DATE 3-1-99  
Daytime Phone # 727-803-3556

CR2E037 (11/98)