

N12000000571

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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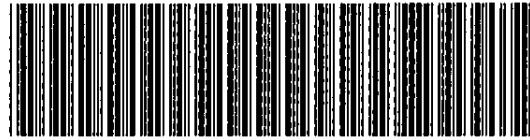
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/17/12--01030--010 **78.75

✓ 01/18/12

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Dunedin Boat Club, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for : \$78.75

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Jack Mallard
Name (Printed or typed)

2206 Beach Trail #9
Address

Indian Rocks Beach, FL 33785
City, State & Zip

727-688-7558
Daytime Telephone number

thedrakefl@tampa bay-rr.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Dunedin Boat Club, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
51 main Street
Dunedin, FL 34698

Mailing address, if different is:

P.O. Box 201
Dunedin, FL 34697

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The object of this Corporation is to promote social interaction among members and encourage, sponsor, and promote boating, sailing, and yachting for pleasure in local waters.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

Elected Annually by the members of the boat club.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Commodore
Address: Charlotte Jordan
2005 Spanish Pines Drive
Dunedin, FL 34698

Name and Title: Christine Benson
Address: Secretary
109 Marina Del Ray
Clearwater, FL 33767

Name and Title: Vice Commodore
Address: Peter Kolb
2681 Sequoia Terrace
Palm Harbor, FL 34683

Name and Title: Treasurer
Address: Jack Mallard
2206 Beach Trail #9
Indian Rocks Beach, FL 33785

Name and Title: Rear Commodore
Address: Jim Graham
1231 Royal Oak Dr.
Dunedin, FL 34698

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Jack Mallard
Address: 2206 Beach Trail #9
Indian Rocks Beach, FL
33785

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jack Mallard
Address: 2206 Beach Trail #9
Indian Rocks Beach, FL
33785

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Jack Mallard
Required Signature of Registered Agent

1/11/12
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Jack Mallard
Required Signature of Incorporator
JACK MALLARD

1/11/12
Date