FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 26 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N20507 (2)

1. Corporation Name
HARBOUR RIDGE YACHT CLUB, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
12600 HARBOUR RIDGE BLVD PALM CITY FL 34990-8033 US	12600 HARBOUR RIDGE BLVD PALM CITY FL 34990-8033 US

3. Date Incorporated or Qualified: **05/06/1987**
3a. Date of Last Report: **04/29/1994**
4. FEI Number: **NOT APPLICABLE** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — **$68.75** Supplemental Fee Not Required
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
CHANDLER, JOSEPH W 2004 ROYAL FERN CT. PALM CITY FL 34990	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 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 Joseph W Chandler JOSEPH W CHANDLER 4-20-95
(Signature, type 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	D	1.1 TITLE	☐ Change ☐ Addition
NAME	HOFF, LESLIE L.	1.2 NAME	
STREET ADDRESS	2015 LAUREL OAK LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL 34990	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	TOWNER, DALLAS	2.2 NAME	
STREET ADDRESS	2022 LAUREL OAK LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL 34990-8033	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	KIDD ROBERT P.B.	3.2 NAME	
STREET ADDRESS	1511 SAWERALL WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL 34990-8033	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	WOODS HUGH E	4.2 NAME	
STREET ADDRESS	12454 HARGOVE RIDE BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL 34990-8033	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	D ☒ Change ☐ Addition
NAME	CUSTER, WILLIAM	5.2 NAME	DAWSON, EDWARD A.
STREET ADDRESS	2110 GREENBRIAR	5.3 STREET ADDRESS	1546 BUTTONBUSH CIRCLE
CITY-ST-ZIP	PALM CITY FL 34990-8033	5.4 CITY-ST-ZIP	PALM CITY FL 34990
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	HEARONS, JAMES S.	6.2 NAME	
STREET ADDRESS	709 WINTERS CREEK RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL 34990	6.4 CITY-ST-ZIP	

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)(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: Joseph W Chandler JOSEPH W. CHANDLER 4/20/95 407-336-1165
(SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR) Date Daytime Phone #

607043M