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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -1 PM 12:14

DOCUMENT # N25760 (2)

1. Corporation Name
FORT MYERS BEACH YACHT CLUB, INC.

Principal Place of Business	Mailing Address
~~C/O EUGENE STEFFAN~~ ~~2500 MAIN STREET~~ FT. MYERS BEACH FL ~~33931~~	~~C/O EUGENE STEFFAN~~ ~~2500 MAIN STREET~~ FT. MYERS BEACH FL ~~33931~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/05/1988
3a. Date of Last Report: 04/13/1994
4. FEI Number: 65-0101799 ☐ 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
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

2. Principal Place of Business	2a. Mailing Address
21 137 MADISON ST	26 137 MADISON ST
22 Suite, Apt. #, etc. PO BOX 6416	27 Suite, Apt. #, etc. PO BOX 6416
23 City & State	28 City & State
24 Zip 33932 25 Country LEE	29 Zip 33932 30 Country LEE

9. Name and Address of Current Registered Agent

~~STEFFAN, EUGENE~~
~~2500 MAIN STREET~~
FT. MYERS BEACH FL ~~33931~~

10. Name and Address of New Registered Agent

81 Name: ROBERT G. JACOBY
82 Street Address (P.O. Box Number is Not Acceptable): 137 MADISON ST.
83: PO BOX 6416
84 City: FL 85 Zip Code: 33932

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: ROBERT E JACOBY, TREAS — Robert E Jacoby — 1-25-95
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	~~RD~~	1.1 TITLE	VD	☒ Change ☐ Addition
NAME	ROSENSTRAUCH, AL	1.2 NAME		
STREET ADDRESS	4230 SE 20TH PL, #107	1.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL	1.4 CITY-ST-ZIP		
TITLE	~~VD~~	2.1 TITLE	CD	☒ Change ☐ Addition
NAME	LEE, CLIFFORD	2.2 NAME		
STREET ADDRESS	894 BUTTONWOOD, #115	2.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS BEACH FL	2.4 CITY-ST-ZIP		
TITLE	~~CD~~	3.1 TITLE	PCD	☒ Change ☐ Addition
NAME	GROSS, JOHN	3.2 NAME		
STREET ADDRESS	17340 SAN CARLOS BLVD	3.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS BCH FL	3.4 CITY-ST-ZIP		
TITLE	SD	4.1 TITLE		☐ Change ☐ Addition
NAME	MILLER, CONNIE	4.2 NAME		
STREET ADDRESS	4521 BAY BEACH LANE	4.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS BCH FL	4.4 CITY-ST-ZIP		
TITLE	TD	5.1 TITLE		☐ Change ☐ Addition
NAME	JACOBY, ROBERT	5.2 NAME		
STREET ADDRESS	137 MADISON ST.	5.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS BCH FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	KOLAR, TOM	6.2 NAME		
STREET ADDRESS	916 SAN CARLOS DR.	6.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS BEACH FL	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, added or deleted with an address.

SIGNATURE: Robert E Jacoby ROBERT E. JACOBY 1-25-95 813-463-9107
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0018718