FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 16 1997 8:00am

Secretary of State

3a. Date of Last Report 02/28/1996

3. Date Incorporated or Qualified 04/05/1988

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

4116 SE 20TH PLACE

CAPE CORAL FL 33904

UNIT 101

N25760

(2)

Mailing Address 4116 SE 20TH PLACE

CAPE CORAL FL 33904-8029

#101

US

FORT MYERS BEACH YACHT CLUB, INC.

2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Appl	lied For	
21		26		65-0101799	Not /	Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	us Desired		
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 M	lav Be	
23		28	······································		Trust Fund Contribution	Added to	•	
Zip	Country	Zip	Country		8. This corporation has liability for intangible tax under s. 199.032,			
24 25 29 30 30 9. Name and Address of Current Registered Agent				Florida Statutes Yes No				
***************************************	y, Name and Address of Current	Registered Agent	Name	10. Name and Address of New Registered Agent				
				81 Name				
EDEN, ALFRED A				82 Street Address (P.O. Box Number is Not Acceptable)				
4116 SE 20TH PLACE				83				
#101			53					
CAPE CORAL FL 33904			84	City		FL 85 Zip Co	ode	
11 Purcuant	to the provisions of Sections 617.0502	and 617 1508 Florida Statutae	the above	named corn	oration submits this statement for the our		rogialorod	
11. Pursuant to the provisions of Sections 617.0502 and 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 Signature, typed or printed name of registered agent end title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
12. OFFICERS AND DIRECTORS 13.				ur eignature reduit	ADDITIONS/CHANGES TO OFFICE		IN 12	
TITLE	VD	DELETE	1.1 TITLE	C			Addition	
NAME	ROSENSTRAUCH, AL		1.2 NAME	~		•		
STREET ADDRESS	4230 SE 20TH PL, #107		1.3 STREET	ADDRESS				
CITY - S1 - ZIP	CAPE CORAL FL		1.4 CiTY - S	T-ZIP				
TITLE	CD	D ELETE	2.1 TITLE	V.2)	Jnange	Addition	
NAME	LEE, CLIFFORD	,	2.2 NAME		ODMAN, JIM	**	,	
STREET ADDRESS	894 BUTTONWOOD, #115		2.3 STREET		YSEIXCT			
CITY-ST-ZIP	FT MYERS BEACH FL		2.4 CITY-5		PE EDRAL FL. 33404			
TITLE	RD	DELETE	3.1 TITLE	RD		Change Change	Addition	
NAME	FICHTER, GENE		3.2 NAME	SA	unders, charles			
STREET ADDRESS	5550 PALMETTO STREET		3.3 STREET	ADDRESS /4.1	9 EL DORAND DEWY CE			
CITY-ST-ZIP	FT. MYERS BCH FL		3.4. CITY - 5	IT-ZIP CA	A EL DORADO PKWY, SE PE CORAL, FL 31904			
TITLE	SD	☐ DELETE	4.1 TITLE			Change	Addition	
NAME	GOODMAN, PEGGY		4. 2 NAME					
STREET ADDRESS	402 BRYAN COURT		4.3 STREET	ADDRESS 323	17 SE 156 CT. PE CORPL FL 33904			
CITY-ST-ZIP	FORT MYERS BEACH FL		4.4 CITY - S	T-ZIP CA	PE CORPL FL 33904			
TITLE	TD	☐ DELETE	5.1 TITLE			☐ Change	Addition	
NAME	EDEN, ALFRED A.		5.2 NAME					
STREET ADDRESS	4116 SE 20TH PLACE #101		5.3 STREET	ADDRESS				
CITY-ST-ZIP	CAPE CORAL FL		5.4 CITY - S	T-ZIP				
TITLE	D	☐ DELETE	6.1 TITLE			: Change	Addition	
NAME	HARRISON, M.D. HOWARD		6.2 NAME		_			
STREET ADDRESS	1949 BEACH PKWY #25		6.3 STREET	ADDRESS 724	14 SE 20\$PL#1319			
CITY-ST-ZIP	CAPE CORAL FL	to act the	64 CITY-S	T-ZIP	THE PORAL WE TIRAN			
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1.19.07(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								