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Jan 21 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # **N25760** **(2)**

1. Corporation Name

FORT MYERS BEACH YACHT CLUB, INC.

Principal Place of Business	Mailing Address
4116 SE 20TH PLACE UNIT 101 CAPE CORAL FL 33904 US	4116 SE 20TH PLACE #101 CAPE CORAL FL 33904-8029 US

3. Date Incorporated or Qualified: 04/05/1988

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

EDEN, ALFRED A.
4116 SE 20TH PLACE
#101
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☒ DELETE	1.1 TITLE CD	CD	☒ Change ☐ Addition
NAME	ROSENSTRAUCH, AL		1.2 NAME	Jim Goodman	
STREET ADDRESS	4230 SE 20TH PL, #107		1.3 STREET ADDRESS	3237 SE 1st Court	
CITY-ST-ZIP	CAPE CORAL FL		1.4 CITY-ST-ZIP	Cape Coral, FL 33904	
TITLE	VD	☐ DELETE	2.1 TITLE	VD	☐ Change ☒ Addition
NAME	GOODMAN, JIM		2.2 NAME	Connie Miller	
STREET ADDRESS	3237 SE 1ST CT		2.3 STREET ADDRESS	4521 Bay Beach Lane	
CITY-ST-ZIP	CAPE CORAL FL		2.4 CITY-ST-ZIP	Ft. Myers Beach, FL 33931	
TITLE	RD	☒ DELETE	3.1 TITLE	RD	☐ Change ☒ Addition
NAME	SAUNDERS, CHARLES		3.2 NAME	John Anderson	
STREET ADDRESS	1229 EL DORADO PKWY SE		3.3 STREET ADDRESS	43 Fairview Blvd.	
CITY-ST-ZIP	CAPE CORAL FL		3.4 CITY-ST-ZIP	Ft. Myers Beach, FL 33931	
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GOODMAN, PEGGY		4.2 NAME		
STREET ADDRESS	3237 SE 1ST CT		4.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL		4.4 CITY-ST-ZIP		
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-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	HARRISON, M.D. HOWARD		6.2 NAME		
STREET ADDRESS	4244 SE 20TH PL #319		6.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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.

SIGNATURE: Alfred A. Eden (941) 549-6027
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #