FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State
03-01-1999 90211 031 ****61.25

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DOCUMENT # **N25760**

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 04/05/1988
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0101799 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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	~~VD~~	☐ DELETE	1.1 TITLE	CD	☒ Change ☐ Addition
NAME	MILLER, CONNIE		1.2 NAME		
STREET ADDRESS	4521 BAY BEACH LN		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS BEACH FL 33931		1.4 CITY-ST-ZIP		
TITLE	~~GD~~	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GOODMAN, JIM		2.2 NAME		
STREET ADDRESS	3237 SE 1ST CT		2.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL 33904		2.4 CITY-ST-ZIP		
TITLE	~~RD~~	☐ DELETE	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	ANDERSON, JOHN		3.2 NAME		
STREET ADDRESS	43 FAIRVIEW BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS BEACH FL 33931		3.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	4.1 TITLE	SD	☐ Change ☒ Addition
NAME	GOODMAN, PEGGY		4.2 NAME	SALING, VICTORIA	
STREET ADDRESS	3237 SE 1ST CT		4.3 STREET ADDRESS	18022 SAN CARLOS BLVD #67	
CITY-ST-ZIP	CAPE CORAL FL		4.4 CITY-ST-ZIP	FT. MYERS BEACH, FL 33931	
TITLE	TD	☐ DELETE	5.1 TITLE	RD	☐ Change ☒ Addition
NAME	EDEN, ALFRED A.		5.2 NAME	BOTTARI, DOMINIC	
STREET ADDRESS	4116 SE 20TH PLACE #101		5.3 STREET ADDRESS	18499 DEEP PASSAGE LE	
CITY-ST-ZIP	CAPE CORAL FL		5.4 CITY-ST-ZIP	FT MYERS BEACH, FL 33931	
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 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED A. EDEN 1/23/99 (941) 549-6027
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #