## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCU	MENT # N2720	9 (8)					
NAVY JACKSONVILLE YACHT CLUB, INC.							
NAVI	INCROCHVILLE TROTT OF	OD, INO			 	AN ANN ANN ANN AN	1011 01011 01011 1001
Principal Plac	e of Business	Mailing Address					
1		_					
% COMMODORE							
JACKSONVILLE FL 32212 JACKSONVILLE FL 32212					DO NOT WRITE IN THIS SPACE		
				i	<ol> <li>Date Incorporated or Qualified 06/29/1988</li> </ol>	3a. Date of La 04/09	
2. Principal P	lace of Business	2a, Mailing Address			4, FEI Number	1 04/00/	Applied For
21		26			59-2896605	ļ-	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			Certificate of Status Desired		75 Additional
22		27]				Fe	e Required
City & Stat	e	City & State			6. Election Campaign Financing Trust Fund Contribution		.00 May Be ided to Fees
Zip	Country	Zıp	Country		8. This corporation owes or has pa	·	
24	25	29 3	0		Personal Properly Tax due June		□ No
g. Name and Address of Current Registered Agent					10. Name and Address of New Reg	gistered Agent	
DIOLIAGO	A A MANAGEMENT		81 Name				
RICHARD ARMSTRONG 4055 PINTO RD			82 Stree	et Addres	ss (P.O. Box Number is Not Acceptab	ile)	
	SURG FL 32068		83				
}			84 City			<b></b> 85	Zip Code
		00 1047 4500 5: 11 0: 1				FL  °°	
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.							
agent. I am familiar with, and accept the obligations of, Section 617.0503, Fforida Statutes.  SIGNATURE							
<u> </u>	Signature, typed or printed name of registered a		Registered Agent elgnatu	beriupet erut	<del></del>	DATE	
12.		ND DIRECTORS    X DELETE	13. 1.1 TUTLE	100	ADDITIONS/CHANGES TO OFFICE	ERS AND DIREC	
NAME	PD Armstrong, Richard	ES DELETE	1.2 NAME		MBITN, STUART	(23 610	inge 🗀 Addition
STREET ADDRESS	4055 PINTO RD		1.3 STREET ADDRESS	s 67	76 Townsend Rd Lot	114	
CITY-ST-ZIP	MIDDLEBURG FL		1.4 CITY - ST - ZIP	JA	cksonville 41. 322	44	
TITLE	VD	✓ DELETE	2.1 TITLE	VD	7	∑ Cha	inge Addition
NAME	HAMBLIN, STUART		2.2 NAME	1110	h - Hickory	•	
STREET ADDRESS	5174 S. RAINEY AVENUE		2.3 STREET ADDRESS	. 480	alo Kangaroo Circ	باو	
CITY-ST-ZIP	ORANGE PARK F		2. 4 CITY-ST-ZIP	[m]	iddleburg 71. 320	268	
TITLE	D\$	<b>▼</b> DELETE	3.1 TITLE	TOS		⊠ Cha	inge 🔲 Addition
NAME	HAMBLIN, MARILYN		3.2 NAME	W	ullins Anns 50 Pinehaven Ct		
STREET ADDRESS	5174 S. RAINEY AVENUE		3.3 STREET ADDRESS			.1.4	
CITY-ST-ZIP	ORANGE PARK FL		3.4. CITY - ST - ZIP		Cksonuille 71 352		
TITLE	DT	☐ DELETE	4.1 TITLE	DI	· · · · · · · · · · · · · · · · · · ·	∐ Cha	inge 🔲 Addition
NAME	SHOULTS, BETSY		4 2 NAME	$\int_{1}^{\infty}$	q San Robur DR		
STREET ADDRESS	689 SAN ROBAR DR		4.3 STREET ADDRESS	S	ange PARK 71,		
CITY-ST-ZIP TITLE	ORANGE PARK FL	Z DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	- NO	Tryster	X Cha	inge Addition
NAME	D OVERTON BALL	(Z) DELETE	5.1 HILE 5.2 NAME		- <b>1</b> (ACUAS	<del></del>	ingo 🗀 AudikOli
STREET ADDRESS	OVERTON, PAUL 5112 OAKSIDE DRIVE		5.2 NAME 5.3 STREET ADDRESS	Qui	20 5an Jose 10119 4	#44	
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP	JAC	ekoonville, Fl. 322	57	
TITLE	D	☐ DELETE	6.1 TITLE	D	Trustes	☑ Cha	inge Addition
NAME	STEWART, WALTER		6.2 NAME	Tar	Trustee		
STREET ADDRESS	845 MILWAUKEE AVENUE		6.3 STREET ADDRESS	s   484	03 London Bridge LA		
CITY-ST-ZIP	ORANGE PARK FL		6.4 C <u>ity</u> -St-Zip	JAG	eksonville, Fl. 3221		

14. I do 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 contration of 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 is changed or on an attachment with an address.

**FILED** 

Secretary of State

Jul 31 1997 8:00am