FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

N30629 DOCUMENT #
1. Corporation Name

(2)

YACHT CLUB ISLAND ESTATES SUBDIVISION OWNERS ASS

OCIATION, INC.												
Principal Place	e of Business		М	ailing Address			_		100111787 008 11111 00140 01118 14070 1	AN DIN ERRI H		
% R. NEUMAYER 1213 COMMODORE DR. NEW SMYRNA BEACH FL 32168				% R. NEUMAYER 1213 COMMODORE DR. NEW SMYRNA BEACH FL 32168								
US				US					3. Date Incorporated or Qualified 02/10/1989	3a. Date of Last Report 03/17/1995		
Principal Place of Business The state of Business The state of Business				2a. Mailing Address 26					4. FEI Number Applied For NOT APPLICABLE Not Applied be			
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired	□ \$		Additional Required
City & State				City & State					6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zíp				Zip Co			У		This corporation has liability for intangible tay under s. 199.032,			
24	25			29 30					Florida Statutes			
	9. Name and	Address of Curre	nt Regis	Registered Agent			-		10. Name and Address of New Registered Agent			
						81		Name				
NEUMAYER, ROBERT 1213 COMMODORE DR						82	1	Street Addres	s (P.O. Box Number is Not Acceptable)			
NEW SMYRNA BCH FL 32168						83	+					
						84	1	City		FL 85	j Zip	Code
11. Pursuant	to the provisions	of Sections 617.0502	2 and 61	7.1508. Florida Statutes	s. th	e above-	L na	med corporati	on submits this statement for the nurvo		olits m	enistered office
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 re 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 familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.											agent. I am	
SIGNATURE Signature, typed or printed name of registered agent and rite if applicable Moth: hybridated Agent per siture required when reinstatings. 3 / 13 / 4 b DATE												
12.		OFFICERS AN	D DIREC	CTORS		13.	_		ADDITIONS/CHANGES TO OFFICE	ERS AND DIR	ECTO	R\$ IN 12
TITLE .	D			DELETE		1.1 TITLE				Ch	ange	Addition
NAME	NEUMAYER	r, robert				1.2 NAME						
STREET ADDRESS		MODORE DRIVE				1.3 STREE	T A	.DDRESS				
CITY-ST-ZIP		RNA BEACH FL				1.4 CITY-	\$1-	ZIP				
TITLE .	D			DELETE		2.1 TITLE				☐ Chi	ange	☐ Addition
NAME	ZELLER, OS					2.2 NAME						
STREET ADDRESS		MODORE DRIVE				2.3 STREE						
CITY-ST-ZIP		INA BEACH FL				2 4 CITY-	\$1	- ZIP				
TITLE	DUCCELL	OFODOE		DELETE		31 TITLE			20000175 -03/20/360101		ange	☐ Addition
NAME STREET ADDRESS	RUSSELL, (MODORE DRIVE				32 NAME		000000	03/20/960101	3006		
CITY-ST-ZIP		NA BEACH FL				3 3 STREE			***61.25			
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NAME						4. 2 NAME					ango	
STREET ADDRESS						4.3 STREE		ODRESS				
CITY-ST-ZIP						4.4 CITY-5				^		
TITLE				DELETE		5.1 TITLE	-			- Vish	ange	Addition
NAME						5.2 NAME				M	را۷	\ Y
STREET ADDRESS					Į	5.3 STREE	T A[DORESS		137, 1	シ	•
CITY-ST-ZIP						5.4 CITY-5				V/	•	
TITLE				DELETE	7	6.1 TITLE					ange	Addition
NAME						6.2 NAME						
STREET ADDRESS						6.3 STREET	I A[DDRESS				
CITY-ST-ZIP						6.4 CITY - S	ST-	ZIP				
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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)(k), 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 chapted, or an attachment with an address.

SIGNATURE:

OSENT NEUMANER 3/13/96