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Jun 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N30629 (2)

1. Corporation Name

YACHT CLUB ISLAND ESTATES SUBDIVISION OWNERS ASSOCIATION, INC.



Principal Place of Business	Mailing Address
% R. NEUMAYER 1213 COMMODORE DR. NEW SMYRNA BEACH FL 32168 US	% R. NEUMAYER 1213 COMMODORE DR. NEW SMYRNA BEACH FL 32168-7780 US

3. Date Incorporated or Qualified 02/10/1989	3a. Date of Last Report 03/19/1996
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2. Principal Place of Business	2a. Mailing Address
21 90 S. DE MARCO Suite, Apt. #, etc. 22 1218 Commodore City & State 23 New Smyrna Bch FL Zip 24 32168	25 1218 Commodore Dr Suite, Apt. #, etc. 26 City & State 27 New Smyrna Bch FL Zip 28 32168 Country 29 Volusia

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
NEUMAYER, ROBERT 1213 COMMODORE DR NEW SMYRNA BCH FL 32168	81 Name SAM De MARCO 82 Street Address (P.O. Box Number is Not Acceptable) 1218 Commodore Dr 83 84 City New Smyrna Bch FL 85 Zip Code 32168

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 Samuel De Marco SAMUEL De Marco (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	NEUMAYER, ROBERT
STREET ADDRESS	1213 COMMODORE DRIVE
CITY-ST-ZIP	NEW SMYRNA BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	ZELLER, OSCAR
STREET ADDRESS	1219 COMMODORE DRIVE
CITY-ST-ZIP	NEW SMYRNA BEACH FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	RUSSELL, GEORGE
STREET ADDRESS	1220 COMMODORE DRIVE
CITY-ST-ZIP	NEW SMYRNA BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SAM DE MARCO
1.3 STREET ADDRESS	1218 Commodore Dr
1.4 CITY-ST-ZIP	New Smyrna Bch FL 32168
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	NEUMAYER, ROBERT
3.3 STREET ADDRESS	1213 COMMODORE DRIVE
3.4 CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ZELLER, OSCAR
4.3 STREET ADDRESS	1219 COMMODORE DRIVE
4.4 CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DE MARCO, SAMUEL J.
5.3 STREET ADDRESS	1218 COMMODORE DR.
5.4 CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 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.

CR2E037 (9/96)