FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 28 PM 6:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N31768** **(7)**

1. Corporation Name

ISLAND DUNES YACHT CLUB, INC.

Principal Place of Business	Mailing Address
100 NORTH TAMPA STREET 2900 TAMPA FL 33602 US	100 NORTH TAMP STREET STE 2900 TAMPA FL 33602 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/18/1989
3a. Date of Last Report: 04/21/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 8735 S. Ocean Drive	26 8735 S. Ocean Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: 23 Jensen Beach, FL	City & State: 28 Jensen Beach, FL
Zip: 24 34957 Country: 25 St. Lucie	Zip: 29 34957 Country: 30 St. Lucie

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CHANDLER, JOSEPH 8735 S OCEAN DR 2900 JENSEN BEACH FL 34957	81 Name: Joseph Chandler 82 Street Address (P.O. Box Number is Not Acceptable): 8735 S. Ocean Drive 83: n/a 84 City: Jensen Beach FL 85 Zip Code: 34957

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [signature] Joseph Chandler 4-10-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS	11 TITLE	☐ Change ☐ Addition
NAME	WHITCOMB, CLIF	12 NAME	
STREET ADDRESS	8735 S OCEAN DR	13 STREET ADDRESS	
CITY-ST-ZIP	JENSEN BEACH FL	14 CITY-ST-ZIP	
TITLE	DVP	21 TITLE	☐ Change ☐ Addition
NAME	TRIMBLE, WILLIAM	22 NAME	
STREET ADDRESS	87352 OCEAN DR	23 STREET ADDRESS	
CITY-ST-ZIP	JENSEN BEACH FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☒ Change ☐ Addition
NAME	HARRIS, DAVID	32 NAME	DELETE
STREET ADDRESS	8735 S OCEAN DR	33 STREET ADDRESS	
CITY-ST-ZIP	JENSEN BEACH FL	34 CITY-ST-ZIP	
TITLE	DP	41 TITLE	DVP ☒ Change ☐ Addition
NAME	COTTON STEPHANN	42 NAME	Curtenius, Alfred
STREET ADDRESS	8735 S OCEAN DR	43 STREET ADDRESS	2600 S. Kanner Hwy, G-1
CITY-ST-ZIP	JENSEN BEACH FL	44 CITY-ST-ZIP	Stuart, FL 34994
TITLE	DP	51 TITLE	☐ Change ☐ Addition
NAME	WILTJER, PHILIP	52 NAME	
STREET ADDRESS	8735 S OCEAN DR.	53 STREET ADDRESS	
CITY-ST-ZIP	JENSEN BECH FL	54 CITY-ST-ZIP	
TITLE	DT	61 TITLE	☐ Change ☐ Addition
NAME	CHANDLER, JOSEPH	62 NAME	
STREET ADDRESS	8735 S OCEAN DR	63 STREET ADDRESS	
CITY-ST-ZIP	JENSEN BEACH FL	64 CITY-ST-ZIP	

14. 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 changed, or on an attachment with an address.

SIGNATURE: [signature] Joseph Chandler 4-10-95 (407) 221-0803
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0014036