

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N36989 (4)**  
1. Corporation Name  
**ANCHOR BOAT CLUB, INC.**



Principal Place of Business <b>HONEY MARESCO 13 COTTON COURT PALM COAST FL 32137 US</b>	Mailing Address <b>ANCHOR BOAT CLUB, INC. PO BOX 351501 PALM COAST FL 32135-1501 US</b>
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3. Date Incorporated or Qualified <b>03/05/1990</b>	3a. Date of Last Report <b>03/07/1996</b>
4. FEI Number <b>59-3047602</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent  
**GUNTHARP, PAUL M., JR.  
4 OLD KINGS ROAD NORTH  
SUITE B  
PALM COAST FL 32137**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

TITLE	DC	<input type="checkbox"/> DELETE
NAME	MARESCO, HONEY	
STREET ADDRESS	13 COTTON CT	
CITY-ST-ZIP	PALM COAST FL	
TITLE	DVC	<input type="checkbox"/> DELETE
NAME	GROSSMAN, ALAN	
STREET ADDRESS	20 COCHISE CT	
CITY-ST-ZIP	PALM COAST FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	O'BRIEN, DOTTIE	
STREET ADDRESS	50 COLDSRING CT	
CITY-ST-ZIP	PALM COAST FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	GROSSMAN, BARBARA	
STREET ADDRESS	20 COCHISE COURT	
CITY-ST-ZIP	PALM COAST FL	
TITLE	DRC	<input checked="" type="checkbox"/> DELETE
NAME	ERIKSEN, DOTTIE	
STREET ADDRESS	30 COLONIAL CT	
CITY-ST-ZIP	PALM COAST FL	
TITLE	DFC	<input checked="" type="checkbox"/> DELETE
NAME	MERCANTE, MIKE	
STREET ADDRESS	65 CONMANCHE CT	
CITY-ST-ZIP	PALM COAST FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>D5 Anita Sanguinetti</b>
3.3 STREET ADDRESS	<b>17 WOODWARD LANE</b>
3.4 CITY-ST-ZIP	<b>PALM COAST, FL 32164</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>DRC ANN MAYER</b>
5.3 STREET ADDRESS	<b>18 Clearview Ct. North</b>
5.4 CITY-ST-ZIP	<b>PALM COAST, FL 32137</b>
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>DFC BRAD Sanguinetti</b>
6.3 STREET ADDRESS	<b>17 WOODWARD LANE</b>
6.4 CITY-ST-ZIP	<b>PALM COAST, FL 32164</b>

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

CR2E037 (9/96)