

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N40430

(3)

1. Corporation Name

PORT ST LUCIE YACHT CLUB, INC.



Principal Place of Business

**500 E PRIMA VISTA BLVD.
PORT ST. LUCIE FL 34983**

Mailing Address

**500 E PRIMA VISTA BLVD.
PORT ST. LUCIE FL 34983**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**NELSON, DORIS
500 E PRIMA VISTA BLVD.
PORT ST. LUCIE FL 34983**

10. Name and Address of New Registered Agent

81 Name **ELEANOR FOISY**
82 Street Address (P.O. Box Number is Not Acceptable)
500 E PRIMA VISTA BLVD
83
84 City **PORT ST LUCIE** FL 85 Zip Code **34983**

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 **Eleanor Foisy, Treasurer**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

Eleanor Foisy
4/26/96
DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------------------|--------------------------------------------|
| TITLE | DRC | <input type="checkbox"/> DELETE |
| NAME | GORDON, PHAIL | |
| STREET ADDRESS | 500 E. PRIMA VISTA BLVD | |
| CITY-ST-ZIP | PORT ST LUCIE FL 34983-2255 | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | CERULLI, JERRY | |
| STREET ADDRESS | 500 E. PRIMA VISTA BLVD | |
| CITY-ST-ZIP | PORT ST LUCIE FL 34983-2255 | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | CUNY, HARRY | |
| STREET ADDRESS | 500 E. PRIMA VISTA BLVD. | |
| CITY-ST-ZIP | PORT ST LUCIE FL 34983-2255 | |
| TITLE | S | <input checked="" type="checkbox"/> DELETE |
| NAME | NELSON, DORIS | |
| STREET ADDRESS | 500 E. PRIMA VISTA BLVD | |
| CITY-ST-ZIP | PORT ST LUCIE FL 34983-2255 | |
| 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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | D CAROL GAYES |
| 1.3 STREET ADDRESS | 500 E Prima Vista Blvd |
| 1.4 CITY-ST-ZIP | Port St Lucie, FL 34983 |
| 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | D HERMAN WIEBOLDT |
| 2.3 STREET ADDRESS | 500 E Prima Vista Blvd |
| 2.4 CITY-ST-ZIP | Port St Lucie FL 34983 |
| 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | S/D LILLIAN BLUMER |
| 3.3 STREET ADDRESS | 500 E. Prima Vista Blvd |
| 3.4 CITY-ST-ZIP | Port St Lucie, FL 34983 |
| 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | T/D Eleanor Foisy |
| 4.3 STREET ADDRESS | 500 E. Prima Vista Blvd |
| 4.4 CITY-ST-ZIP | Port St Lucie, FL 34983 |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 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 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: *Eleanor Foisy*

ELEANOR FOISY, TREASURER, DIRECTOR 4/26/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)