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Apr 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34983-2255**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/06/1990		3a. Date of Last Report 05/01/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-1312870		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

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

Eleanor Foisy

(NOTE: Registered Agent signature required when reinstating)

DATE

4/5/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN #2	
TITLE	DRC	1.1 TITLE	DIRECTOR
NAME	GORDON, PHAIL	1.2 NAME	JACK DAVIS
STREET ADDRESS	500 E. PRIMA VISTA BLVD	1.3 STREET ADDRESS	500 E Prima Vista Blvd
CITY-ST-ZIP	PORT ST LUCIE FL 34983-2255	1.4 CITY-ST-ZIP	Port St Lucie FL 34983
TITLE	D	2.1 TITLE	DIRECTOR
NAME	GAYES, CAROL	2.2 NAME	Richard Costello
STREET ADDRESS	500 E. PRIMA VISTA BLVD	2.3 STREET ADDRESS	500 E Prima Vista Blvd
CITY-ST-ZIP	PORT ST. LUCIE FL	2.4 CITY-ST-ZIP	Pt St. Lucie, FL 34983
TITLE	D	3.1 TITLE	Secretary/Director
NAME	WIEBOLDT, HERMAN	3.2 NAME	Kathleen Costello
STREET ADDRESS	500 E PRIMA VISTA BLVD	3.3 STREET ADDRESS	500 E Prima Vista Blvd
CITY-ST-ZIP	PORT ST LUCIE FL	3.4 CITY-ST-ZIP	Pt St. Lucie, FL 34983
TITLE	SD	4.1 TITLE	
NAME	BLUMER, LILLIAN	4.2 NAME	
STREET ADDRESS	500 E. PRIMA VISTA BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	
NAME	FOISY, ELEANOR	5.2 NAME	
STREET ADDRESS	500 E. PRIMA VISTA BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

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

Eleanor Foisy, Director/Treas

CR2E037 (9/96)