

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90003 028 \*\*\*\*61.25

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**DOCUMENT # N93000002286**

1. Corporation Name

**GOODLAND BAY YACHT CLUB, INC.**

Principal Place of Business

**604 PALM AVE  
P.O. BOX 397  
GOODLAND FL 34140  
US**

Mailing Address

**604 PALM AVE  
P.O. BOX 397  
GOODLAND FL 34140  
US**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified  
**05/19/1993**

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
**65-0495650**

Applied For  
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LOCKER, JOSEPH R JR.  
PAULICH O'HARA & SLACK P.A.  
3401 TAMIAMI TRAIL NORTH, STE. 207  
NAPLES FL 33940**

81 Name **LAW, DAVID**

82 Street Address (P.O. Box Number is Not Acceptable)  
**604 EAST PALM AVE**

83

84 City **GOODLAND** FL 85 Zip Code **34140**

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

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

(NOTE: Registered Agent signature required when reinstating)

**DAVID LAW** **1/13/99**  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **DPT**  
STREET ADDRESS **LAW, DAVID**  
CITY-ST-ZIP **604 E PALM AVE, P.O. BOX 174  
GOODLAND FL 34140**

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME **DVS**  
STREET ADDRESS **LAW, RITA**  
CITY-ST-ZIP **604 E PALM AVE, P.O. BOX 174  
GOODLAND FL 34140**

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **SLACK, MARK**  
CITY-ST-ZIP **801 ANCHOR RD DR, SUITE 203  
NAPLES FL 34103**

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE:

**DAVID LAW**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/13/99**  
Date

**941-394-2797**  
Daytime Phone #

CR2E037 (1/98)