

FILE NOW: FILING FEE IS \$61.25

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May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000001326 (7)**

1. Corporation Name

MARCO ISLAND YACHT AND SAILING CLUB, INC.



Principal Place of Business	Mailing Address
405 FIFTH AVENUE SOUTH STE 6 NAPLES FL 33940 US	405 FIFTH AVENUE SOUTH STE 6 NAPLES FL 33940 US

3. Date Incorporated or Qualified	03/14/1994
4. FEI Number	65-0563045
Applied For	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 365 FIFTH AVENUE SOUTH	26 365 FIFTH AVENUE SOUTH
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 201	27 201
City & State	City & State
23 NAPLES, FL	28 NAPLES, FL
Zip	Zip
24 34102	29 34102
Country	Country
25 US	30 US

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

COOK, DAVID
C/O YVVB, P.A.
801 LAUREL OAK DRIVE
NAPLES FL 33963

10. Name and Address of New Registered Agent
81 Name JACK ANTARAMIAN
82 Street Address (P.O. Box Number is Not Acceptable) 365 FIFTH AVENUE SOUTH # 201
83
84 City NAPLES FL 85 Zip Code 34102

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]* JACK ANTARAMIAN DATE 4/29/98

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	ANTARAMIAN, JACK
STREET ADDRESS	405 FIFTH AVENUE SOUTH
CITY - ST - ZIP	NAPLES FL 33940
TITLE	D <input type="checkbox"/> DELETE
NAME	FRAZZITA, ROBERT
STREET ADDRESS	177 WORCESTER STREET, SUITE 101
CITY - ST - ZIP	WELLESLEY MA
TITLE	D <input type="checkbox"/> DELETE
NAME	THOMAS, CHARLES
STREET ADDRESS	405 FIFTH AVENUE SOUTH
CITY - ST - ZIP	NAPLES FL 33940
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	365 FIFTH AVENUE SOUTH # 201
1.4 CITY - ST - ZIP	NAPLES, FL 34102
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	
3.3 STREET ADDRESS	365 FIFTH AVENUE SOUTH # 201
3.4 CITY - ST - ZIP	NAPLES, FL 34102
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 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 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 registered 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 as an attachment with an address.

SIGNATURE: *[Signature]* DATE 4/29/98 DAYTIME PHONE # 941-434-0600

CR2E037 (10/97)