

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 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90229 038 \*\*\*\*61.25

0037893

DOCUMENT # N95000001007

1. Corporation Name

THE ASSOCIATION OF YACHTING PROFESSIONALS, INC.

Principal Place of Business

17 ROSE DR  
SUITE 302  
FT LAUD FL 33316  
US

Mailing Address

17 ROSE DRIVE  
SUITE 302  
FT LAUDERDALE FL 33316  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

03/02/1995

4. FEI Number

65-0565978

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

FEINERMAN, STANLEY S  
ACCOUNT BUSINESS CONSULTANTS  
17 ROSE DR  
FT LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE D ☐ DELETE

NAME FEINERMAN, STANLEY S

STREET ADDRESS 17 ROSE DRIVE

CITY-ST-ZIP FT. LAUDERDALE FL 33316

TITLE DP ☐ DELETE

NAME O'CONNOR, GUY

STREET ADDRESS 17 ROSE DR

CITY-ST-ZIP FT. LAUDERDALE FL 33316

TITLE D ☐ DELETE

NAME STEIN, HOWARD

STREET ADDRESS 6351 NW 63 PLACE

CITY-ST-ZIP PARKLAND FL 33067

TITLE VD ☒ DELETE

NAME HORST, BART

STREET ADDRESS 17 ROSE DR

CITY-ST-ZIP FT LAUD FL 33316

TITLE TD ☒ DELETE

NAME WEAKLY, PAUL

STREET ADDRESS 17 ROSE DR

CITY-ST-ZIP FT LAUD FL 33316

TITLE SD ☒ DELETE

NAME WILLIAMS, SYDNEY

STREET ADDRESS 17 ROSE DR

CITY-ST-ZIP FT LAUD FL 33316

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stanley S. Feinerman 3/4/99 (954) 462-6045

Date

Daytime Phone #

CR2E037 (11/98)