


FILE NOW: FILING FEE IS \$61.25

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Mar 03 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 # **N96000002481 (7)**

1. Corporation Name

ST. GEORGE ISLAND YACHT CLUB, INC.



Principal Place of Business	Mailing Address
312 GANDER ST GEORGE ISLAND FL 32328	312 GANDER ST GEORGE ISLAND FL 32328-2653

3. Date Incorporated or Qualified 05/08/1996	3a. Date of Last Report
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
21	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	28		
Zip	Country	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24	25	29	30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent										
POWELL, JAN E 308 LEXINGTON ROAD TALLAHASSEE FL 32328	<table border="1"> <tr> <td>81 Name</td> <td>A. William Irvine</td> </tr> <tr> <td>82 Street Address (P.O. Box Number is Not Acceptable)</td> <td>312 Gander St</td> </tr> <tr> <td>83</td> <td></td> </tr> <tr> <td>84 City</td> <td>St George Island FL</td> </tr> <tr> <td>85 Zip Code</td> <td>32328</td> </tr> </table>	81 Name	A. William Irvine	82 Street Address (P.O. Box Number is Not Acceptable)	312 Gander St	83		84 City	St George Island FL	85 Zip Code	32328
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82 Street Address (P.O. Box Number is Not Acceptable)	312 Gander St										
83											
84 City	St George Island FL										
85 Zip Code	32328										

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 **A William Irvine** **A William Irvine** **2/13/97**
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Commodore (T)	1.2 NAME	
STREET ADDRESS	A William Irvine	1.3 STREET ADDRESS	
CITY-ST-ZIP	312 Gander St. St George Island FL 32328	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vice Commodore (T)	2.2 NAME	
STREET ADDRESS	David Walker	2.3 STREET ADDRESS	
CITY-ST-ZIP	204 Neclay St. St George Island FL 32328	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Treasurer	3.2 NAME	
STREET ADDRESS	Stanley H Colvin	3.3 STREET ADDRESS	
CITY-ST-ZIP	824 W. Bayshore St George Is. FL 32328	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: **A William Irvine** **2/13/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone # **0008921**

CR2E037 (9/96)