## FILE NOW: FILING FEE IS \$61.25

Mailing Address

NONPROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N96000002481 (7) DOCUMENT #

ST. GEORGE ISLAND YACHT CLUB, INC.

| 312 GANDER<br>ST GEORGE ISLAND FL 32328 |   | 312 GANDER<br>ST GEORGE ISLAND FL 32328 |              |                         | 3. Date Incorporated or Qualified                              |               |            |   |
|---|---|---|--------------|-------------------------|--|---------------|------------|---|
| OI OCOMOC II                            | ODNIO TE GESEO                                    | ST GEORGE IGEAND TE 3232                | :0           |                         | 05/08/1996   |               |            |   |
|   |   |   |              |                         | 4. FEI Number 59-32  | 690           | 55         | Applied For                             |
|   |   |   |              |                         | APPLIED FOR  |               |            | Not Applicable                          |
| 2. Principal Place of Business<br>21    |   | 2a. Mailing Address 26                  |              |                         | 5. Certificate of Status Desired Sa.75 Additional Fee Required |               |            |   |
| Suite, Apt. #, etc. Suite, Apt. #, etc. |   |   |              |                         | 6. Election Campaign Financing                                 |               | \$5.00     | May Be                                  |
| 2                                       |   | 27                                      |              | Trust Fund Contribution |  |               | to Fees    |   |
| City & Stat                             | te  | City & State                            |              |                         | 7. Is this nonprofit corporation a hor                         | neowners a    | associati  | ion?                                    |
| :3                                      |   | 28                                      |              |                         |  | Yes 🔽         | No         |   |
| Zip                                     | Country   | Zip                                     | Country      | /                       | 8. This corporation owes or has pale                           | d the curre   |            |   |
| .4                                      | 25  | 29 30                                   | o]           |                         | Personal Property Tax due June :                               | ·             |            | <b>☑</b> No                             |
|   | 9. Name and Address of Curre                      | nt Registered Agent                     |              |                         | 10. Name and Address of New Reg                                | istered Ag    | ent        |   |
|   |   |   | 81           | Name                    |  |               |            |   |
| IRVINE,                                 | WILLIAM A   |   | 82           | Street Add              | ress (P.O. Box Number is Not Acceptable                        | e)            |            |   |
|   | NDER ST   |   | "            | ] Shoot Add             |  | ·,            |            |   |
|   | DRGE ISLAND FL 32328                              |   | 83           |                         |  |               |            |   |
|   |   |   |              | ļ <u></u> -             | <del></del>  |               |            |   |
|   |   |   | 84           | City                    |  | FL            | 85 Zir     | Code                                    |
| 11 Purcuant                             | to the provisions of Sections 617.05              | 02 and 617 1508 Florida Statutes        | the show     | e-pamed cor             | poration submits this statement for the pu                     | rnose of c    | hendina    | ite regieteren                          |
| office or r                             | registered agent, or both, in the State           | e of Florida. Such change was aut       | horized by   | y the corpora           | tion's board of directors. I hereby accept                     | the appoir    | ntment a   | s registered                            |
| agent. I a                              | am familiar with, and accept the oblig            | gations of, Section 617.0503, Floric    | la Statute   |                         |  | ر <u>-</u>    | 1,0        | 100                                     |
| SIGNATURE .                             | HWILLIAM  | LOCVIAL                                 | Mul          | lia                     |  |               | 18/        | 425                                     |
| 12.                                     | Signature, typed or printed name of registered ag | ND DIRECTORS                            | 13.          | ent signature requi     | red when reinstating) ADDITIONS/CHANGES TO OFFICE              | DATE DO AND D | IBECTO     | DC IN 12                                |
| TITLE                                   | T OFFICERS AN                                     | DELETE                                  | 1.1 TITLE    |                         | ADDITIONS/CHANGES TO OFFICE                                    | INS AND D     | Change     |   |
|   | IRVINE, WILLIAM A                                 | _ been                                  |              | }                       |  | L-            | _ Griavigo | Addition                                |
| NAME                                    |   |   | 1.2 NAME     |                         |  |               |            |   |
| STREET ADDRESS                          | 312 GANDER ST                                     |   | 1.3 STREET   |                         |  |               |            |   |
| CITY-ST-ZIP                             | ST. GEORGE ISLAND FL                              | - Inches                                | 1.4 CITY - S | ST-ZIP                  |  |               | 1 61       | 1 |
| TITLE                                   |   | ☐ DELETE                                | 2.1 TITLE    |                         |  | L             | ] Change   | Addition                                |
| NAME                                    | WALKER, DAVID                                     |   | 2.2 NAME     | Į.                      |  |               |            |   |
| STREET ADDRESS                          | 304 NEDLEY ST                                     |   | 2.3 STREET   | ADDRESS                 |  |               |            |   |
| CITY-ST-ZIP                             | ST. GEORGE ISLAND FL                              |   | 2.4 CITY-1   | ST-ZIP                  |  |               |            |   |
| TITLE                                   | 1   | ☐ DELETE                                | 3.1 TITLE    |                         |  |               | ] Change   | Addition                                |
| NAME                                    | COLVIN, STANLEY H                                 |   | 3.2 NAME     | Ī                       |  |               |            |   |
| STREET ADDRESS                          | 824 W. BAYSHORE                                   |   | 3.3 STREET   | ADDRESS                 |  |               |            |   |
| CITY-ST-ZIP                             | ST. GEORGE ISLAND FL                              |   | 3.4. CITY-5  | ST-ZIP                  |  |               |            |   |
| TITLE                                   |   | DELETE                                  | 4.1 TITLE    |                         |  |               | Change     | Addition                                |
| NAME                                    |   |   | 4. 2 NAME    | J                       | •  |               | -          |   |
| STREET ADDRESS                          | 1   |   | 4.3 STREET   | ADDRESS                 |  |               |            |   |
| CITY-ST-ZIP                             |   |   | 4.4 CITY - S |                         |  |               |            |   |
| TITLE                                   | <del>                                     </del>  | DELETE                                  | 5.1 TITLE    | 21 - 4fF                |  |               | Change     | Addition                                |
| NAME                                    |   | La vecere                               | 5.2 NAME     |                         |  | _             | _ •90      | E.J radition                            |
|   | 1   |   |              | . apopros               |  |               |            |   |
| STREET ADDRESS                          | ł   |   | 5.3 STREET   |                         |  |               |            |   |
| CITY+ST-ZIP                             |   |   | 5.4 CITY-S   | ST-ZIP                  |  |               | 100        | <u> </u>                                |
| TITLE                                   |   | ☐ DELETE                                | 6.1 TITLE    | f                       |  | L             | Change     | Addition Addition                       |
| NAME                                    | {   |   | 6.2 NAME     |                         |  |               |            |   |
| STREET ADDRESS                          |   | i                                       | 6.3 STREET   | ADDRESS                 |  |               |            |   |

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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:

**FILED** 

Mar 24 1998 8:00am

Secretary of State