## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

	MENT # N960 ORO YACHT CLUB, INC.	0000354	14 (1)			10 Existe 10 Exist 10 KH
Principal Plac	ce of Business	Mailing Add	dress			
1110 3RD ST., S. P.O. BOX 1255						
ST. PETERSBU		ST. PETERSBURG FL 33731-1255				3. Date Incorporated or Qualified 07/05/1996
						4. FEI Number Applied For
						NOT APPLICABLE Not Applicable
2, Principal F	Place of Business	26. Mailing Address				5. Certificate of Status Desired S8.75 Additional Fee Required
Sulte, Apt	#, etc.	Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Be
22						Trust Fund Contribution
City & Sta	te	City & S	City & State			7. Is this nonprofit corporation a homeowners association?
Zip	Country	Zip	· —		/	8. This corporation owes or has paid the current year intangible
24	25	29	30	<u> </u>		Personal Property Tax due June 30. 🔲 Yes 🔼 No
	9. Name and Address of Cur	rent Registered Ag	MIC	81	Name	10. Name and Address of New Registered Agent
MEYER, JOHN 2707 JETTON AVE TAMPA FL 33629			82 83		Address (P.O. Box Number is Not Acceptable)  1851 Zip Code	
11. Pursuant office or agent. I	to the provisions of Sections 617, registered agent, or both, in the St am familiar with, and accept the ot Signature, typed or printed name of registered					corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered a required when reinstating)  DATE
12.		AND DIRECTORS	, (10) E. 110	13.	or a commence	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD DELETE		1.1 TITLE		Change Addition	
NAME	MEYER, JOHN		1.2 NAME			
STREET ADDRESS			1.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33629		1.4 CITY-ST-ZIP			
TITLE	TD			2.1 TIYLE		☐ Change ☐ Addition
NAME			2.2 NAME 2.3 STREET ADDRESS			
STREET ADDRESS						
CITY-ST-ZIP	TIERRA VERDE FL 33715		2.4 CITY-ST-ZIP			
TITLE	1	SO DELETE		3.1 TITLE		☐ Change ☐ Addition
NAME	DOMANICO, LOIS DESS 5717 PINEY LANE DRIVE		32 NAME			
STREET ADDRESS	TAMPA FL 33625			3.3 STREE		
CITY-ST-ZIP	IMMPA PL 33023			3.4. CITY -	ST-ZIP	

6.4 CITY-ST-ZIP 14. 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 chapter 6.17 if the proof of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 6.17, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 6.17 if the proof of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 6.17. Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 6.17 is the proof of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 6.17. Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 6.17 is the proof of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 6.17. Florida Statutes.

4.1 TITLE 4. 2 NAME

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE 6.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

DELETE

DELETE

DELETE

**FILED** 

Feb 16 1998 8:00am

Secretary of State

Change

Change

Change

Addition

Addition

Addition