


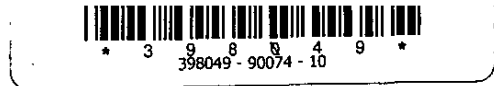
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Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90074 010 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000003544					
1. Corporation Name BAYBORO YACHT CLUB, INC.					
Principal Place of Business 1110 3RD ST. S. ST. PETERSBURG FL 33701			Mailing Address P.O. BOX 1255 ST. PETERSBURG FL 33731-1255		



2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 07/05/1996	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number NOT APPLICABLE	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent MEYER, JOHN 2707 JETTON AVE TAMPA FL 33629				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	MEYER, JOHN	1.2 NAME	CHARETTE, BRADY
STREET ADDRESS	2707 JETTON AVE	1.3 STREET ADDRESS	2211 GREENHILLS DR.
CITY-ST-ZIP	TAMPA FL 33629	1.4 CITY-ST-ZIP	VALRICO, FL 33594
TITLE	TD	2.1 TITLE	
NAME	WOOD, WILLIAM	2.2 NAME	
STREET ADDRESS	1109 PINELLAS BAY WAY #301	2.3 STREET ADDRESS	
CITY-ST-ZIP	TIERRA VERDE FL 33715	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	DOMANICO, LOIS	3.2 NAME	
STREET ADDRESS	5717 PINEY LANE DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33625	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

WIC SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(727) 864-0393

Date

Daytime Phone #

4/19/99

CR2E037 (1/98)