

FILED
Mar 02, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000000004

1. Corporation Name

TIMBER ISLAND YACHT CLUB, INC.

Principal Place of Business

BOX 313
CARRABELLE FL 32322

Mailing Address

BOX 313
CARRABELLE FL 32322


2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		01/01/1998	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3504923	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
				Trust Fund Contribution	

9. Name and Address of Current Registered Agent

CARROTHERS, CATHY
TIMBER ISLAND RD
CARRABELLE FL 32322

10. Name and Address of New Registered Agent

81 Name	Florence Coody
82 Street Address (P.O. Box Number is Not Acceptable)	308 Marine Street
83 City	Carrabelle, FL 32322
84 City	Carrabelle
85 Zip Code	FL 32322

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 **Florence Coody**

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

(NOTE: Registered Agent signature required when reinstating)

1/15/99

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Alvin Morris D <input type="checkbox"/> DELETE	1.1 TITLE	Board Member/Commodore <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mill Road	1.2 NAME	Alvin Morris
STREET ADDRESS	Carrabelle, FL 32322	1.3 STREET ADDRESS	Mill Road
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Carrabelle, FL 32322
TITLE	Florence Coody D <input type="checkbox"/> DELETE	2.1 TITLE	Board Member/Vice Commodore <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Meridian Ave.	2.2 NAME	Paul Gilday
STREET ADDRESS	Carrabelle, FL 32322	2.3 STREET ADDRESS	Timber Island Road
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Carrabelle, FL 32322
TITLE	Thomas Lee Brannan D <input type="checkbox"/> DELETE	3.1 TITLE	Board Member/Scribe/Purser <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carlton Millender Road	3.2 NAME	Florence Coody
STREET ADDRESS	Carrabelle, FL 32322	3.3 STREET ADDRESS	Meridian Avenue
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Carrabelle, FL 32322
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Board Member/Eastern Commodore <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Thomas Lee Brannan
STREET ADDRESS		4.3 STREET ADDRESS	Carlton Millender Road
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Carrabelle, FL 32322
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	Board Member <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Don Koloski
STREET ADDRESS		5.3 STREET ADDRESS	Three Rivers Road
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Carrabelle, FL 32322
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	Board Member <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Timothy Saunders, Jr.
STREET ADDRESS		6.3 STREET ADDRESS	Timber Island Road
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Carrabelle, FL 32322

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: **Florence Coody**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/99 850-697-8149

Date

Daytime Phone #

CR2E037 (1/1/98)