## **FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997

NAME STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9400088509 (2)

NEWPORT YACHT CLUB, INC.

**FILED** May 01 1997 8:00am Secretary of State

Principal Place of Business Mailing Address					) måtåt thimt talät hilli dåt		
4810 SUGAR PLUM DR   GARDENS THREE   1001 S.W. 2ND AVE.   1001 S.W. 2ND AVE.   BOCA RATON FL 33432   BOCA RATON FL 33432-7198			}				
US					3. Date Incorporated or Qualified 12/05/1994	3a. Date of Last Report 04/10/1996	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Α	pplied For
21		26 Co Joseph Suite, Apt. #, etc.	ronde	१८७०१	<u> </u>		lot Applicable
Suite, Ap1. #, etc.		27 P.O. Box 160			5. Certificate of Status Desired	7	Additional Required
City & Sta	ite	City & State	_		6. Election Campaign Financing		May Be
23	Country	28 Wrightsville	Dec Countr	$ch'\eta$		· · · · · · · · · · · · · · · · · · ·	to Fees
Zip	25	29 28480 3		เรค	8. This corporation has liability for Florida Statutes	intangible tax under: Tyes   TiNo	s. 199.032,
24	9. Name and Address of Current		υ <u>η</u>	1017	10. Name and Address of New Re		<del>-</del>
CAI	DER, ROBERT L ESQ.						
	DOW, COMMERCIAL BLVD.		82				
SUITE 301				Street Address (P.O. Box Number is Not Acceptable)			
	LAUDERDALE FL 33309		83			•••	
1.	ENOPERIDADE 1 E 00009						
	•		84	City		FL 85 Zip	Code
11. Pursuani	t to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the abov	e-named o	corporation submits this statement for the p	ourpose 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. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE							
SIGNATORE	Signature, typed or printed name of registered agor	nt and title if applicable (NOTE: F	Registered Ag	ent signature	required whan reinstaling)	DATE	
12.	OFFICERS AND		18.		ADDITIONS/CHANGES TO OFFICE		
TITLE	D	DELETE 1.4.1			Eundechora street	Change	Addition
NAME			1.2 NAME	Dr. Brow U.T.			
STREET ADDRESS			1.8 STREET ADDRESS		FO. Dex 160	i a Ookaa	
CITY-ST-ZIP			1.4 CITY	S1-ZIP	Wrightsoille Beach, NC 28480		4 4 450
TITLE	<del>-</del>		2.4 TITLE		Fundachora Shari Lanange Landonion		Addition
NAME	AAAA AMAAND AME		2.2 NAME		Wrightsoille Beach, NC 2848D Fonderborg, Shari NA P.O. Box 160 NA		
STREET ADDRESS	DOGA DATON EL AGADO/						
CITY-ST-ZIP			2. 4 C(TY - ST - Z(P)		Wrightsville Beach	1 Change	A &C) Addition
TITLE	_		3.1 111LE		· ·	☐ Change	AUGILION
NAME			3.P NAME	* 1000-00			
STREET ADDRESS			ŧ	T ADDRESS			
CITY-ST-ZIP TITLE		DELETE	3.4. CITY - 4.1 TITLE	SI-ZIP		Change	Addition
NAME		L.J DECERT	4. 2 NAME			Onange	
1			•				
STREET ADDRESS				1 ADDRESS			
CITY-ST-ZIP TITLE	<del> </del>	DELETE	4.4 CITY - 5.1 TITLE	51-4P		Change	Addition
NAME		- Decemb	5.2 NAME			ominge	_
STREET ADDRESS				T ADDRESS			es
eri .			1				5/1/97
CITY-ST-ZIP	1777	DELETE	5.4 C(1Y - 6.1 TITLE	31-7IF		Change	
NAME	30		6.2 NAME		20000216 -05/06/97010	6812**	
PANTE ABOUTO			0.2 NAME		-05/06/97010	19028	

6.8 STREET ADDRESS

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. If 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

\*\*\*165.00

901-675-9092