## **2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT# 739104** 

Entity Name: THE DAYTONA BEACH BOAT CLUB, INC.

Entity Name: THE DAYTONA BEACH BOAT CLUB, IN

**Current Principal Place of Business:** 

419 BASIN STREET

DAYTONA BEACH, FL 32114

**Current Mailing Address:** 

C/O WILLIAM L. THOMPSON 301 OAK DRIVE

ORMOND BEACH, FL 32176 US

FEI Number: 46-2351551 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

THOMPSON, WILLIAM L 301 OAK DRIVE ORMOND BEACH, FL 32176 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: WILLIAM L. THOMPSON 02/23/2020

Electronic Signature of Registered Agent

Officer/Director Detail:

**UNIT # 1905** 

Title COMMODORE Title DIRECTOR /REAR COMMODORE

Name THOMPSON, WILLIAM L Name GETTMAN, JEFF

Address 301 OAK DR Address 1108 HARTBORNE LANE

City-State-Zip: ORMOND BEACH FL 32176 City-State-Zip: ORMOND BEACH FL 32174

Title TREASURER Title SECRETARY

Name GROGG, CAROL Name STEELE, JANICE

Address 3145 SO. ATLANTIC AVE. Address 1710 WEEPING ELM CIRCLE

UNIT # 603 City-State-Zip: PORT ORANGE FL 32128

City-State-Zip: DAYTONA BEACH SHORES FL 32118

Title DIRECTOR /CRUISE MASTER, DIRECTOR /CRUISE MASTER, DIRECTOR /CRUISE MASTER,

DIRECTOR Name STEELE, CHARLES

Name DEMRY, CRAIG Address 1710 WEEPING ELM CIRCLE

Address 2 OCEANS WEST BLVD. City-State-Zip: PORT ORANGE FL 32128

City-State-Zip: DAYTONA BEACH SHORES FL 32118 Title VICE-COMMODORE

Name PRYOR, BILL

Title DIRECTOR/ PAST COMMODORE Address 756 PRINGLE ROAD

Name ROBAUS, JIM

Address 2230 CRANE LAKES BLVD.

City-State-Zip: PORT ORANGE FL 32127

City-State-Zip: PORT ORANGE FL 32127 Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CAROL S. GROGG TREASURER 02/23/2020

Electronic Signature of Signing Officer/Director Detail

Date

FILED Feb 23, 2020

Secretary of State

4556505625CC

Date

## Officer/Director Detail Continued:

Title DIRECTOR/SOCIAL DIRECTOR

Name THOMPSON, BONNIE B

Address 301 OAK DR

City-State-Zip: ORMOND BEACH FL 32176