

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 30, 1999 8:00 am**  
**Secretary of State**

04-30-1999 90053 029 \*\*\*150.00

**DOCUMENT # 605246**

1. Corporation Name  
**BAHAMA FAMILY ISLAND PROMOTION BOARD, INC.**

Principal Place of Business  
1100 LEE WAGENER BLVD #206  
FT LAUDERDALE FL 33315  
US

Mailing Address  
1100 LEE WAGENER BLVD #206  
FT LAUDERDALE FL 33315  
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/21/1978

4. FEI Number

59-1881976

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KOCH, BARBARA L.  
1100 LEE WAGENER BLVD. 204  
FT. LAUDERDALE FL 33315

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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 D  
NAME KING, BRETT  
STREET ADDRESS CORAL SANDS HOTEL  
CITY-ST-ZIP HARBOUR IS, BAHAMAS ☒ DELETE

1.1 TITLE President  
1.2 NAME George Mullin  
1.3 STREET ADDRESS The Blue Eleuthera  
1.4 CITY-ST-ZIP Eleuthera, Bahamas ☐ Change ☒ Addition

TITLE T  
NAME ALBURY, MONTY  
STREET ADDRESS GREEN TURTLE CLUB  
CITY-ST-ZIP ABACO, BAHAMAS ☐ DELETE

2.1 TITLE Director  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☒ Change ☐ Addition

TITLE D  
NAME PFLUEGER, CHARLIE  
STREET ADDRESS HOTEL PEACE & PLENTY  
CITY-ST-ZIP EXUMA, BAHAMAS ☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE M  
NAME BRASSIL, MAURA  
STREET ADDRESS 1100 LEE WAGENER BVD 206  
CITY-ST-ZIP FT LAUDERDALE FL ☒ DELETE

4.1 TITLE Vice President  
4.2 NAME Nettie Symonette  
4.3 STREET ADDRESS Different of Abaco  
4.4 CITY-ST-ZIP Casuarina Point, Abaco, Bahamas ☐ Change ☒ Addition

TITLE V  
NAME BIRCH, JEFF  
STREET ADDRESS SHALL HOPE BAY LODGE  
CITY-ST-ZIP ANDROS, BAHAMAS ☒ DELETE

5.1 TITLE Treasurer  
5.2 NAME ~~Barclay Fick~~ Craig Roberts  
5.3 STREET ADDRESS ~~Gap Sands Marine~~ Treasure Cay Resort  
5.4 CITY-ST-ZIP ~~Long Island, Bahamas~~ Abaco, Bahamas ☐ Change ☒ Addition

TITLE P  
NAME ARMBRISTER, TONY  
STREET ADDRESS FERNANDEZ BAY VILLAGE  
CITY-ST-ZIP CAT ISALND BA ☒ DELETE

6.1 TITLE ~~Manly Alexiou~~ Director  
6.2 NAME  
6.3 STREET ADDRESS Abaco Beach Resort  
6.4 CITY-ST-ZIP Marsh Harbour, Abaco Bahamas ☐ Change ☒ Addition

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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0295786