

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION,
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Division of Corporations
Tallahassee, Florida
3900 North
Florida Highway

DOCUMENT # **726906** (1)

SEA HAVEN YACHT CLUB, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Office: Telephone: _____
Mailing Address:
2731 NE. 14TH ST CAUSEWAY
POMPANO BEACH FL 33062

OR FILL WITH IN THIS SPACE

3. Date Incorporated or Qualified 07/09/1973	3a. Date of Last Report 07/18/1994
4. DDE Number 65-0276199	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status (Required) <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Existence of Foreign Parent (Required) <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for delinquent taxes as of 1/1/94? Florida Statute: <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Office (Required) 21. State App # of _____ 22. City & State _____ 23. Zip _____	2a. Mailing Address 26. State App # of _____ 27. City & State _____ 28. Zip _____	24. _____ 25. _____ 29. _____ 30. _____
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9. Name and Address of Current Registered Agent
**LEITNER, ADOLPH F
2731 N E 14 ST CAUSEWAY
APT 415
POMPANO BCH. FL 33062**

10. Name and Address of New Registered Agent
B1. Name _____
B2. Street Address (P.O. Box Number or Not Acceptable) _____
B3. _____
B4. City _____ **FL** B5. Zip Code _____

11. I, the undersigned, the person or persons authorized to file this report, Florida Statute, hereby certify that the information contained herein is true and correct for the purpose of changing its registered office or registered agent or both in the State of Florida. My signature was authorized by the corporation's board of directors, thereby, accept the appointment as registered agent. I am familiar with and accept the obligations of the former and the Florida Statute.

SIGNATURE _____

12. OFFICER, DIRECTOR, SHAREHOLDER, OR OTHER PERSON	13. OFFICER, DIRECTOR, SHAREHOLDER, OR OTHER PERSON
NAME: D O'MARA, WILLIAM ADDRESS: 2731 NE 14 ST. POMPANO BCH. FL 33062	NAME: _____ ADDRESS: _____ <i>Change</i> <input checked="" type="checkbox"/> <i>Add</i> <input type="checkbox"/>
NAME: V BROWN, WAYNE ADDRESS: 2731 NE 14 ST. POMPANO BCH. FL	NAME: _____ ADDRESS: _____ <i>Change</i> <input type="checkbox"/> <i>Add</i> <input type="checkbox"/>
NAME: D ROSENFELD, BEN ADDRESS: 2731 NE 14 ST. POMPANO BCH FL	NAME: _____ ADDRESS: _____ <i>Change</i> <input type="checkbox"/> <i>Add</i> <input type="checkbox"/>
NAME: S TEMPLE, JANE ADDRESS: 2731 NE 14 ST. POMPANO BCH FL	NAME: _____ ADDRESS: _____ <i>Change</i> <input type="checkbox"/> <i>Add</i> <input type="checkbox"/>
NAME: PD CASELLI, JOSEPH M. ADDRESS: 2731 NE 14 ST. POMPANO BCH FL	NAME: _____ ADDRESS: _____ <i>Change</i> <input type="checkbox"/> <i>Add</i> <input type="checkbox"/>
NAME: D LEITNER, ADOLPH F ADDRESS: 2731 NE 14 ST. POMPANO BCH FL	NAME: _____ ADDRESS: _____ <i>Change</i> <input checked="" type="checkbox"/> <i>Add</i> <input type="checkbox"/>

14. I hereby certify that the information supplied with this report is voluntarily furnished and checked and ready for the complete stated in the last Florida Statute. I further certify that the information is filed in this annual report or supplementary report as true and correct and that my signature shall have the same legal effect as if made under oath. That I am a shareholder, director, officer, or other person empowered to complete this report as required by Chapter 607, Florida Statute, and that my name appears in Block 12 or Block 13 of this report, or on an attached sheet with an affidavit.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
A F LEITNER