

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 726906 (1)**  
1. Corporation Name  
**SEA HAVEN YACHT CLUB, INC.**



Principal Place of Business: **2731 N.E. 14TH ST. CAUSEWAY POMPANO BEACH FL 33062**  
Mailing Address: **2731 N.E. 14TH ST. CAUSEWAY POMPANO BEACH FL 33062**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/09/1973</b>	3a. Date of Last Report <b>05/01/1995</b>
21		26		4. FEI Number <b>65-0276199</b>	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
23		28		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24	Zip	25	Country	29	30

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>LEITNER, ADOLPH F</b> <b>2731 N E 14 ST CAUSEWAY</b> <b>APT 415</b> <b>POMPANO BCH. FL 33062</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FORKER, GEORGE</b>	1.2 NAME	
STREET ADDRESS	<b>2731 NE 14 ST.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>POMPANO BCH. FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROWN, WAYNE</b>	2.2 NAME	
STREET ADDRESS	<b>2731 NE 14 ST.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>POMPANO BCH. FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROSENFELD, BEN</b>	3.2 NAME	
STREET ADDRESS	<b>2731 NE 14 ST.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>POMPANO BCH FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TEMPLE, JANE</b>	4.2 NAME	
STREET ADDRESS	<b>2731 NE 14 ST.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>POMPANO BCH FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CASELLI, JOSEPH M.</b>	5.2 NAME	
STREET ADDRESS	<b>2731 NE 14 ST.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>POMPANO BCH FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEITNER, ADOLPH F</b>	6.2 NAME	
STREET ADDRESS	<b>2731 NE 14 ST.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>POMPANO BCH FL</b>	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: \_\_\_\_\_ DATE: **3/1/96** DAYTIME PHONE #: **954-942-1109**

CR2E037 (12/95)