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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

SIGNATURE:

DOCUMENT # 726906

(1)

Principal Place	HAVEN YACHT CLUB, INC		Address			· · · · · ·						
2731 N.E. 14TH ST. CAUSEWAY 2731 N.E. 14TH ST. C POMPANO BEACH FL 33062 POMPANO BEACH FL												
								109/1973	Qualified	3a. I	Date of Lat 05/01/	
2. Principal P	face of Business	2a. Mai	ling Address				4. FEI Nu				וו טונט	Applied For
1		26	_					5-0276199			 	Not Applicable
Suite, Apt.	#, etc.	<u> </u>	e, Apt. #, etc.				5 Codific	ate of Status [Contract		\$8.7	5 Additional
(2) Otto 9 Otto		27					J. Corun	ate of Status L			Fee	Required
City & Stat	е	28	& State					n Campaign Fi	-			00 May Be
<i>7</i> ₁p	Country	Zip			untry		····	und Contributi				ed to Fees
4	25	29	30	Country		8. This corporation has liability for intangible tax under s. 199.0. Florida Statutes ✓ Yes No				s. 199.032,		
	9. Name and Address of Cur		Agent	100	T	7-7-1		and Address				
					81	Name			•			
LEITNER	r, adolph f				82	Street Add	ress (P.O. Box	Number is Not	. Accontat	ala\		
2731 N	E 14 ST CAUSEWAY					Oliget Aut	,iicaa (i . 	MOUIDOLES IAO	i Acceptat)le)		
APT 41					83							
POMPA	NO BCH. FL 33062				84	City					les :	ip Code
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11. Pursuant	to the provisions at Sections 617 D							41-1 A	Annahan marin	rnaca of of	hanoina te	registered office
	to the provisions of Sections 617.0 red agent, or both, in the State of F ith, and accept the obligations of, S				corpor	amed corporation's boa	oration submits ard of directors	inis statement I hereby acce	or the app	ointment a	is registere	d agent. I am
familiar wi	red agent, or both, in the State of F ith, and accept the obligations of, S				ove-na corpor	amed corporation's boa	oration submits ard of directors	this statement Thereby accep	pt the app	ointment a	is registere	d agent. I am
familiar wi	signature, typed or printed name of registered a	section 617.0503	, Florida Statute	es.	corpor	ration's boa	oration submits and of directors and when reinstating)	i hereby acce	or the app	ointment a	is registere	d agent. I am
familiar wi	Signature, typed or printed name of registered a OFFICERS	Section 617,0503	Florida Statute	NOTE: Registered	d Agent s	ration's boa	and of directors ed when reinstating)	This statement I hereby accept ONS/CHANGE	ot the app	ointment a	is registere	ORS IN 12
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