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Apr 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **729653** (6)

1. Corporation Name

LAUDERDALE SMALL BOAT CLUB, INC.

Principal Place of Business

**1740 S.W. 42ND STREET
FORT LAUDERDALE FL 33315**

Mailing Address

**1740 S.W. 42ND STREET
FORT LAUDERDALE FL 33315-3552**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/13/1974		3a. Date of Last Report 04/24/1996	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 59-0873268		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24. Country		29. Country		30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

**HEAD C.P.A., WILLIAM
8751 W BROWARD BLVD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	85. Zip Code

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	SD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LENZ, CARL	1.2 NAME	
STREET ADDRESS	9142 A SW 23 STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	
TITLE	PD ☒ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	HODGES, WELDON S.	2.2 NAME	PD
STREET ADDRESS	2400 NW 62 AVENUE	2.3 STREET ADDRESS	Prochaska, George
CITY-ST-ZIP	HOLLYWOOD FL	2.4 CITY-ST-ZIP	7520 S.W. 42 Court
TITLE	TD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	TURNER, WILLIAM R.	3.2 NAME	
STREET ADDRESS	1089 NW 161 AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	3.4 CITY-ST-ZIP	
TITLE	VD ☒ DELETE	4.1 TITLE	☒ Change ☐ Addition
NAME	GILLELAND, WILLIAM J.	4.2 NAME	VD
STREET ADDRESS	9243 ARBORWOOD CIRCLE	4.3 STREET ADDRESS	Tracey, James
CITY-ST-ZIP	DAVIE FL	4.4 CITY-ST-ZIP	5687 N. Park Road
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or in an attachment with an address.

SIGNATURE _____ 7540-359-7659

CR2E037 (9/96)