FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

STREET ADDRESS

(6)

FILED Mar 06 1998 8:00am Secretary of State

LAUDERDALE SMALL BOAT CLUB, INC.								
Principal Plac	ce of Business	Mailing Address				1 1991(1 19816 11919 18119 81191 91111 1811 1)/W(1 DIB	
1740 S.W. 42ND STREET FORT LAUDERDALE FL 33315		1740 S.W. 42ND STREET FORT LAUDERDALE FL 33315		Date Incorporated or Qualified 05/13/1974 FEI Number		pplied For		
						59-0873268	N	ot Applicable
2. Principal Place of Business		2a. Mailing Address 28			5. Certificate of Status Desired	Fee Required		
Suite, Apt.	. #, e1C.	Suite, Apt. #, etc.				6. Election Campaign Financing	\$5.00	
22 City & Stat	te	City & State				Trust Fund Contribution	Added I	
23	•	28				7. Is this nonprofit corporation a homeowners association?		
Zip	Country	Zip				8. This corporation owes or has paid the current year Intangible		
24	25		30			Personal Property Tax due June 30. Yes No		
	9. Name and Address of Curre	nt Registered Agent		81	Name -	10. Name and Address of New Registered	d Agent	
	C.P.A., WILLIAM		l	82	Name Street Addre	ess (P.O. Box Number is Not Acceptable)		
8751 W BROWARD BLVD			ļ	83				
PLANIA	TION FL 33324			63				
			<u> </u>	84	City	F	85 Zip	Code
agent. I a	m familiar with, and accept the oblig					oration submits this statement for the purpose on's board of directors. I hereby accept the ap		registered
12.	OFFICERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	SD	DELETE					L. Change	Addition
NAME OTOSET ADDOCCOO	LENZ, CARL 9142 A SW 23 STREET		1.2 NAME		nnneae .			
STREET ADDRESS CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY-		NDDRESS			
TITLE	PD	DELETE	2.1 TITLE		·ZIF		Change	Addition
NAME	PROCHASKA, GEORGE		2.2 NAME			•		_
STREET ADDRESS	7520 SW 42ND COURT		2.3 STREET		DORESS			
CITY-ST-ZIP	DAVIE FL		2.4 CITY-ST-ZIP		-ZIP			
TITLE	TD	☐ DELETE	3.1 TITLE				L Change	Addition
NAME Street address	TURNER, WILLIAM R.		3.2 NAME		DOBEOG			
CITY-ST-ZIP	1089 NW 161 AVE <u>Pe</u> mbroke Pines Fl		3.3 STREET ADDRESS 3.4. CITY-ST-ZIP					
TITLE	VD	DELETE	4.1 TITLE		-211		Change	Addition
NAME	TRACEY, JAMES		4. 2 NAME					
STREET ADDRESS	5687 N PARK ROAD		4.3 STREET ADDRE		DDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL		4.4 CITY-ST-ZIP		ZIP			
TITLE		☐ DELETE	5.1 TITLE				☐ Change	Addition
NAME STREET ADDRESS			5.2 NAI		DD0100			
CITY-ST-ZIP			5.3 STF		DDRE\$\$			
TITLE		DELETE	6.1 TITI		<u> </u>		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 dispreceiver or trastic impowered 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 other attachment with an address.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP