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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 737800

1. Corporation Name
HILLSBORO INLET SAILING CLUB, INC.

Principal Place of Business	Mailing Address
P O BOX 5241 LIGHTHOUSE POINT FL 33064 US	P O BOX 5241 LIGHTHOUSE POINT FL 33064 US

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)

2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: 01/12/1977

4. FEI Number: 59-1705899 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

SHIMP, KENNETH
4802 SHERIDAN ST
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name: JOHN H. KELLEHER
82 Street Address (P.O. Box Number is Not Acceptable): 10268 NW 31 ST
83
84 City: Coral Spring FL 85 Zip Code: 33065

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: [signature] DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☑ DELETE	1.1 TITLE	P DIR ☑ Change ☐ Addition
NAME	KNICERBOCKER, DOUGLAS		1.2 NAME	FISHER, DON
STREET ADDRESS	23287 WATER CIRCLE		1.3 STREET ADDRESS	800 E. JEFFERY ST #411
CITY-ST-ZIP	BOCA RATON FL 33486		1.4 CITY-ST-ZIP	BOCA RATON FL 33487 (D)
TITLE	V	☐ DELETE	2.1 TITLE	V DIR ☐ Change ☐ Addition
NAME	FISHER, DON		2.2 NAME	GARVEY, TOM
STREET ADDRESS	800 E JEFFERY ST., #411		2.3 STREET ADDRESS	4410 NW 4TH AVE
CITY-ST-ZIP	BOCA RATON FL 33487		2.4 CITY-ST-ZIP	POMPANO BEACH FL 33064 (D)
TITLE	D	☐ DELETE	3.1 TITLE	T ☑ Change ☐ Addition
NAME	GARVEY, TOM		3.2 NAME	JOHN H. KELLEHER
STREET ADDRESS	4410 N.W. 4TH AVE		3.3 STREET ADDRESS	10268 NW 31 ST.
CITY-ST-ZIP	POMPANO BEACH FL 33064		3.4 CITY-ST-ZIP	CORAL SPRINGS FL 33065 (T)
TITLE	VD	☐ DELETE	4.1 TITLE	S DIR ☑ Change ☐ Addition
NAME	KNICKERBOCKER, DOUGLAS		4.2 NAME	GLAZER, SUE
STREET ADDRESS	2401 NW 40TH CIRCLE		4.3 STREET ADDRESS	390 N. FEDERAL HIGHWAY, #406 (D)
CITY-ST-ZIP	BOCA RATON FL		4.4 CITY-ST-ZIP	DEERFIELD BEACH, FL 33411
TITLE	T	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	STUMP KENNETH		5.2 NAME	
STREET ADDRESS	4802 SHERIDAN ST		5.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33021		5.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	GLAZER, SUE		6.2 NAME	
STREET ADDRESS	390 N FEDERAL HIGHWAY, #406		6.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL 33411		6.4 CITY-ST-ZIP	

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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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED — 4/9/99 — 954.784.0707 x420
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #