2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State
04-07-2004 90336 022 ****61.25

DOCUMENT # 737800

1. Entity 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

03222004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DAILEY, BETH B 4035 AVALON POINTE DR. BOCA RATON, FL 33496	Name: EILEEN C. WINCHELL Street Address (P.O. Box Number is Not Acceptable): 4441 NW 8TH ST City: COCONUT CREEK FL Zip Code: 33066.

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Eileen C Winchell EILEEN C. WINCHELL 4/1/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25 Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P RICHARDS, DARREL 1277 NW 85TH TERRACE CORAL SPRINGS, FL 33071	☒ Delete	TITLE P NAME JACK DAILEY STREET ADDRESS 3730 NE 30TH AVE CITY-ST-ZIP LIGHTHOUSE POINT FL 33064	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GARVEY, ANITA 4410 NW 4TH AVE. POMPANO BEACH, FL 33064	☒ Delete	TITLE VP NAME JAMES WALLACE STREET ADDRESS 1548 SE 9th ST CITY-ST-ZIP DEERFIELD BEACH, FL 33441	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WALLACE, PHILLIP 1110 S.W. 26TH AVE. DEERFIELD BEACH, FL 33442	☒ Delete	TITLE VP NAME HAL STEWARD STREET ADDRESS 3000 NE 48th Court #304 CITY-ST-ZIP LIGHTHOUSE POINT FL 33064	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GARVEY, ANITA 4410 NW 4 AVE POMPANO BEACH, FL 33064	X Delete	TITLE D NAME DENNIS TYNAN STREET ADDRESS 2301 N. RIVERSIDE DR CITY-ST-ZIP POMPANO BEACH FL 33062	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DAILEY, JOHN H 4035 AVALON POINT DR. BOCA RATON, FL 33496	☒ Delete	TITLE T NAME EILEEN WINCHELL STREET ADDRESS 4441 NW 8TH ST CITY-ST-ZIP COCONUT CREEK FL 33066	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COVIELLO, BETTY 3810 N.E. 26TH AVE. LIGHTHOUSE, FL 33064	☒ Delete	TITLE D NAME DICK MARTIN STREET ADDRESS 1301 E. HILLSBORO BLVD # 603 CITY-ST-ZIP DEERFIELD BEACH FL 33441	☐ Change	☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Eileen C Winchell EILEEN C. WINCHELL 4/1/04 954 973-3145
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #