

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -8 AM 9: 39

DOCUMENT # 749983 (3)

1. Corporation Name

SPANISH RIVER RESORT & BEACH CLUB ASSOCIATION, I
NC.

Principal Place of Business

Mailing Address

1111 E. ATLANTIC AVE.
DELRAY BEACH FL 33483

1111 E. ATLANTIC AVE.
DELRAY BEACH FL 33483

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/29/1979 3a. Date of Last Report 04/13/1994

4. FEI Number 59-1961794 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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEBER, SHARON
C/O BECKER, POLJAKOFF, P.A.
450 AUSTRALIAN AVENUE SOUTH, SUITE 720
W. PALM BEACH FL 33401-2034

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	MARSHALL, JAMES F.
STREET ADDRESS	1111 E. ATLANTIC AVE.
CITY - ST - ZIP	DELRAY BEACH FL
TITLE	SD
NAME	MARSHALL, BARBARA MCM.
STREET ADDRESS	1111 E. ATLANTIC AVE.
CITY - ST - ZIP	DELRAY BEACH FL
TITLE	TD
NAME	GOODMAN, WILLIAM G.
STREET ADDRESS	1111 E. ATLANTIC AVE.
CITY - ST - ZIP	DELRAY BEACH FL
TITLE	VD
NAME	CIRKER, STEVEN
STREET ADDRESS	1111 E. ATLANTIC AVE
CITY - ST - ZIP	DELRAY BEACH FL
TITLE	D
NAME	PINAS, MORRY
STREET ADDRESS	1111 E. ATLANTIC AVE
CITY - ST - ZIP	DELRAY BEACH FL
TITLE	D
NAME	KEPNER, WILLIAM H.
STREET ADDRESS	1111 E. ATLANTIC AVE
CITY - ST - ZIP	DELRAY BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 recorder 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.

SIGNATURE:

James F Marshall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JAMES F MARSHALL

1-31-95 407243-7946
Date Daytime Phone #