

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 749983 (3)
1. Corporation Name
SPANISH RIVER RESORT & BEACH CLUB ASSOCIATION, INC.



Principal Place of Business: **1111 E. ATLANTIC AVE. DELRAY BEACH FL 33483**
Mailing Address: **1111 E. ATLANTIC AVE. DELRAY BEACH FL 33483**

3. Date Incorporated or Qualified: **11/29/1979**
3a. Date of Last Report: **02/08/1995**

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)

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

9. Name and Address of Current Registered Agent
**WEBER, SHARON
C/O BECKER, POLIAKOFF, P.A.
450 AUSTRALIAN AVENUE SOUTH, SUITE 720
W. PALM BEACH FL 33401-2034**

10. Name and Address of New Registered Agent
81 Name: **BARBARA MARSHALL**
82 Street Address (P.O. Box Number is Not Acceptable): **1111 EAST ATLANTIC AVE.**
83
84 City: **DELRAY BEACH FL** 85 Zip Code: **33483**

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: *Barbara Marshall* **BARBARA MARSHALL, SECRETARY 4-13-96**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD MARSHALL, JAMES F. 1111 E. ATLANTIC AVE. DELRAY BEACH FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	SD MARSHALL, BARBARA MCM. 1111 E. ATLANTIC AVE. DELRAY BEACH FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TD GOODMAN, WILLIAM G. 1111 E. ATLANTIC AVE. DELRAY BEACH FL	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	DIRECTOR
STREET ADDRESS		3.3 STREET ADDRESS	PACE, CHARLES C.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	1111 E. ATLANTIC AVE DELRAY BEACH, FL 33483
TITLE	VD CIRKER, STEVEN 1111 E. ATLANTIC AVE DELRAY BEACH FL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D PINAS, MORRY 1111 E. ATLANTIC AVE DELRAY BEACH FL	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D KEPNER, WILLIAM H. 1111 E. ATLANTIC AVE DELRAY BEACH FL	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	DIRECTOR
STREET ADDRESS		6.3 STREET ADDRESS	DONALD L. EDWARDS
CITY-ST-ZIP		6.4 CITY-ST-ZIP	1111 E. ATLANTIC AVE DELRAY BEACH, FL 33483

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 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.

SIGNATURE: *James F. Marshall* **JAMES F. MARSHALL, PRESIDENT 4-13-96**
Signature and typed or printed name of signing officer or director. Date Daytime Phone #

CR2E037 (12/95)