

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Jul 12, 1999 8:00 am**  
**Secretary of State**

07-12-1999 90016 003 \*\*\*\*61.25



NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**

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

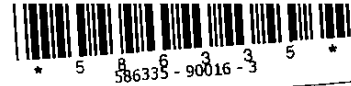
DOCUMENT # **749983**

1. Corporation Name

**SPANISH RIVER RESORT & BEACH CLUB ASSOCIATION, I  
 NC.**

Principal Place of Business  
 1111 E. ATLANTIC AVE.  
 DELRAY BEACH FL 33483

Mailing Address  
 1111 E. ATLANTIC AVE.  
 DELRAY BEACH FL 33483



2. Principal Place of Business

1 Suite, Apt. #, etc.

3 City & State

4 Zip Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

11/29/1979

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

9. Name and Address of Current Registered Agent

**MARSHALL, BARBARA  
 1111 EAST ATLANTIC AVE.  
 DELRAY BCH FL 33483**

10. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
PD	MARSHALL, JAMES F.	1111 E. ATLANTIC AVE.	DELRAY BEACH FL	<input type="checkbox"/>
STD	MARSHALL, BARBARA MCM.	1111 E. ATLANTIC AVE.	DELRAY BEACH FL	<input type="checkbox"/>
D	<del>PAGE, CHARLES C.</del>	1111 E. ATLANTIC AVE.	DELRAY BEACH FL	<input type="checkbox"/>
VD	CIRKER, STEVEN	1111 E. ATLANTIC AVE	DELRAY BEACH FL	<input type="checkbox"/>
D	<del>PINAS, MORRY</del>	1111 E. ATLANTIC AVE	DELRAY BEACH FL	<input type="checkbox"/>
D	<del>KEPNER, WILLIAM H.</del>	1111 E. ATLANTIC AVE	DELRAY BEACH FL	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition

**EDWARDS, DONALD L.**

**ALBRECHT, FREDERICK D.**

**ANNARUMMA, ANGELA M.**

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: **James F. Marshall** PRESIDENT 7-7-99 561 243-7946  
 DATE: 7-7-99 DAYTIME PHONE: 561 243-7946

CR2E037 (5/99)