

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2005 8:00 am
Secretary of State

01-31-2005 90074 039 ****67.50
07-15-2005 90018 027 ****70.00

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1. Entity Name
STORM TRYSAIL CLUB-SOUTHERN STATION, INC.



Principal Place of Business
**1374 SE 14 ST
FT LAUDERDALE, FL 33316**

Mailing Address
**1374 SE 14 ST
FT LAUDERDALE, FL 33316**

20064024



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number **20-0926221** Applied For
Not Applicable

Zip

Country

Zip

Country

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

**MEAGHER, ROBERT J JR
1374 SE 14 ST
FT LAUDERDALE, FL 33316**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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, 2005**

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
**DST
MEAGHER, ROBERT J JR
1374 SE 14 ST
FT LAUDERDALE, FL 33316** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
GILLETTE, DENNIS
2000 S OCEAN LN
FT LAUDERDALE, FL 33316** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BATZER, KEN
2765 NE 22 AVE
LIGHTHOUSE POINT, FL 33064** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BOWIE, JOEL
700 ELM TREE LN
BOCA RATON, FL 33484** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MEAGHER, ROBERT J III
800 SW 16 CT
FT LAUDERDALE, FL 33315** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MILLER, TIM
530 S FEDERAL HWY
FT LAUDERDALE, FL 33316** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 no address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DOTS MEAGHER

5/1/05 954-763-6621