

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 # **N95000002526 (0)**

1. Corporation Name

SAILBOAT BEND HISTORIC TRUST, INC.



Principal Place of Business

Mailing Address

801 WEST LAS OLAS BLVD.
FT. LAUDERDALE FL 33312

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FT. LAUDERDALE FL 33312

3. Date Incorporated or Qualified
05/26/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **729 Middle Street**

26 **729 Middle Street**

4. FEI Number
65-0596154

Applied For
 Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State

Fort Lauderdale, FL

27 City & State

P.O. Box 914 Ft Lauderdale, FL

24 Zip

33312

25 Country

USA

29 Zip

33302

30 Country

USA

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

JAKABCIN, KATHRYN M
MATTHEWS & JAKABIN
1325 S. CONGRESS AVE. SUITE 104
BOYNTON BEACH FL 33426

10. Name and Address of New Registered Agent

81 Name **Nolan Haan**
82 Street Address (P.O. Box Number is Not Acceptable) **729 Middle Street**
83
84 City **Ft. Lauderdale** FL 85 Zip Code **33312**

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

Nolan Haan

6/15/96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	President <input type="checkbox"/> DELETE
NAME	Liele Gray
STREET ADDRESS	1500 Argyle Dr.
CITY-ST-ZIP	Ft. Lauderdale FL 33312
TITLE	Vice President <input type="checkbox"/> DELETE
NAME	Robert Walsh
STREET ADDRESS	809 Coontie Ct.
CITY-ST-ZIP	Ft. Lauderdale FL 33312
TITLE	Treasurer <input type="checkbox"/> DELETE
NAME	Nolan Haan
STREET ADDRESS	729 SW 2 Ct.
CITY-ST-ZIP	Ft. Lauderdale FL 33312
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	800001883368
53 STREET ADDRESS	-07/03/96--01051--013
54 CITY-ST-ZIP	***61.25
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffrey V. Nelson

Jeffrey V. Nelson May 1, 1996 9547618700

05-01-96 OR

Date

Daytime Phone #

CR2E037 (12/95)