

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90067 022 ****61.25

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1. Corporation Name

VENTURE SAILING CLUB OF SOUTH FLORIDA, INC.

Principal Place of Business

322 FLUVIA AVE.
CORAL GABLES FL 33134

Mailing Address

322 FLUVIA AVE.
CORAL GABLES FL 33134



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

02/06/1996

4. FEI Number

65-0655674

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

AMAT, FAYE M
7310 S.W. 140TH AVE.
MIAMI FL 33183

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 ☐ DELETE

TITLE CPD
NAME BOTTOMELY, DON
STREET ADDRESS 35250 SW 177TH CT #8
CITY-ST-ZIP HOMESTEAD FL

TITLE VPD
NAME ACOSTA, ANGEL
STREET ADDRESS 750 NW 43RD AVE #605
CITY-ST-ZIP MIAMI FL

TITLE ASD
NAME MCGHEE, WILLIAM
STREET ADDRESS 322 FLUVIA AVE.
CITY-ST-ZIP CORAL GABLES FL

TITLE T
NAME HABER EVELYN
STREET ADDRESS 2462 SW 22ND TERR
CITY-ST-ZIP MIAMI FL

TITLE FC
NAME RABELL, LOUIS
STREET ADDRESS 1700 S BAYSHORE LN
CITY-ST-ZIP MIAMI FL 33133

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CPD ☐ Change ☒ Addition
1.2 NAME HABER, EVELYN
1.3 STREET ADDRESS 2462 S.W. 22nd Terrace
1.4 CITY-ST-ZIP MIAMI, FL 33145

2.1 TITLE VPD ☐ Change ☒ Addition
2.2 NAME TAMARA, ED
2.3 STREET ADDRESS 5021 S.W. 151 Terrace
2.4 CITY-ST-ZIP MIRAMAR, FL 33027

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE T ☐ Change ☒ Addition
4.2 NAME RAWLINGS, MARILYN
4.3 STREET ADDRESS 1680 S.W. 120 AVENUE
4.4 CITY-ST-ZIP Pembroke Pines, FL 33025

5.1 TITLE FC ☐ Change ☒ Addition
5.2 NAME SIMON, MARIA
5.3 STREET ADDRESS 19760 S.W. 101 Court
5.4 CITY-ST-ZIP MIAMI, FL 33157

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
EVELYN HABER 1/13/99 305 860 8250
Date Daytime Phone #

CR2E037 (11/98)