

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 JUN 14 PM 1:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # V07586

(3)

1. Corporation Name

SEAMERICA BOAT CLUB, INC.

Principal Place of Business

6400 N. ANDREWS AVE.  
PARK PLAZA SUITE 200  
FT. LAUDERDALE FL 33309  
US

Mailing Address

6400 N ANDREWS AVE.  
PARK PLAZA SUITE 200  
FT. LAUDERDALE FL 33309  
US

100001515751  
-06/16/95--01083--021  
\*\*\*\*225.00 \*\*\*\*225.00

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/17/1992

3a. Date of Last Report

04/29/1994

4. FEI Number

65-0307216

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

BOOTH, RICHARD C  
3845 KILLEARN COURT  
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81. Name

Richard C Booth

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

1502 Proctor Street

83. City

Tallahassee

84. State

FL

85. Zip Code

32303

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when consulting)

6/12/95

12. OFFICERS AND DIRECTORS

|                 |                        |
|-----------------|------------------------|
| TITLE           | PD                     |
| NAME            | MULLER, RALPH          |
| STREET ADDRESS  | 5929 NORTH OCEAN BLVD  |
| CITY - ST - ZIP | OCEAN RIDGE FL         |
| TITLE           | VD                     |
| NAME            | MULLER, ALICE          |
| STREET ADDRESS  | 5929 NORTH OCEAN BLVD. |
| CITY - ST - ZIP | OCEAN RIDGE FL         |
| TITLE           | STD                    |
| NAME            | SHEEHAN, KEVIN         |
| STREET ADDRESS  | 6400 N. ANDREWS AVE.   |
| CITY - ST - ZIP | FT. LAUDERDALE FL      |
| TITLE           |                        |
| NAME            |                        |
| STREET ADDRESS  |                        |
| CITY - ST - ZIP |                        |
| TITLE           |                        |
| NAME            |                        |
| STREET ADDRESS  |                        |
| CITY - ST - ZIP |                        |
| TITLE           |                        |
| NAME            |                        |
| STREET ADDRESS  |                        |
| CITY - ST - ZIP |                        |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                                                                              |
|---------------------|------------------------------------------------------------------------------|
| 1.1 TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |                                                                              |
| 1.3 STREET ADDRESS  | 6400 N. Andrews Ave. #200                                                    |
| 1.4 CITY - ST - ZIP | FT. LAUDERDALE, FL 33309                                                     |
| 2.1 TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |                                                                              |
| 2.3 STREET ADDRESS  | 6400 N. Andrews Ave. #200                                                    |
| 2.4 CITY - ST - ZIP | FT. LAUDERDALE, FL 33309                                                     |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME            |                                                                              |
| 3.3 STREET ADDRESS  | 6400 N. Andrews Ave #200                                                     |
| 3.4 CITY - ST - ZIP | FT. LAUDERDALE, FL 33309                                                     |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME            |                                                                              |
| 4.3 STREET ADDRESS  |                                                                              |
| 4.4 CITY - ST - ZIP |                                                                              |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME            |                                                                              |
| 5.3 STREET ADDRESS  |                                                                              |
| 5.4 CITY - ST - ZIP |                                                                              |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME            |                                                                              |
| 6.3 STREET ADDRESS  |                                                                              |
| 6.4 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 110.07(3)(b), 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 607, 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

6/18/95

305-351-8500