## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # 700835

(2)

THE SAILFISH CLUB OF FLORIDA, INC.

Principal Place of Business Mailing Address					n indestrades detai destra norde stipa étit ardes drois drès drès destrades debit destrades de		
1338 N. LAKE TRAIL PALM BEACH FL 33480-3031		1338 N. LAKE TRAIL PALM BEACH FL 33480-3031					
					3. Date incorporated or Qualified 04/18/1960	3a. Date of Last Report 04/17/1995	
<ol> <li>Principal Pla</li> </ol>	ce of Business	2a. Mailing Address 26			4. FEI Number <b>59-0432073</b>	Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc		5. Certificate of Status Desired	S8.75 Additional Fee Required		
City & State		Oity & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Ζφ	Country	Zip	Count	ry	8. This corporation has kability for in		
24	25 9. Name and Address of Curre	29 29 Accept	Agent 30		Florida Statutes X Yes No  10. Name and Address of New Registered Agent		
	g. Name and Address of Curre	nt negistered Agent	5	1 Name	10. Name and Address of New A	egistered Agent	
DADRY V	MILE JAM			7.44			
DARBY, WILLIAM % SAILFISH CLUB			6	2 Street Address (P.O. Box Number is Not Acceptable)			
	AKE TRAIL		ε	3			
PALM BE	ACH FL 33480		8	14 City		FL 85 Zip Code	
11. Pursuant to	the provisions of Sections 617.050	2 and 617.1508, Florida Statu	ites, the abovi	e-named co	orporation submits this statement for the purp	pose of changing its registered office	
or registere	ed agent, or both, in the State of Flor n, and accept the obligations of, Sec	ida. Such charige was authori	ized by the co	rporation's	board of directors. I hereby accept the appo	ointment as régistered agent. I am	
SIGNATURE Styriotize: typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when remislating)  DATE  ONTE: Pugistered Agent signature required when remislating							
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12	
TITLE	SD	<b>▼</b> DELETE	3 1 TITL	Ε	VD	Change 🙀 Addition	
NAME	SLATON, GEORGE C.		1.2 NAM	IE	Metzger, Theodore G.		
STREET ADDRESS	430 AUSTRALIAN AVE.			EET ADDRESS	1338 N. Lake Trail		
CITY - ST - ZIP	PALM BEACH FL 33480 VD	DELETE		-ST-ZIP	Palm Beach, FL 33480	Change Addition	
TITLE	FLAGG, JOHN E.		21 TITL		PD	XX Change	
NAME STREET ADDRESS	219 MURRAY ROAD		2 2 NAM	EET ADDRESS	Murphy, Martin E.		
CITY - ST - ZIP	WEST PALM BEACH FL 3340	)5		Y-ST-ZIP	1338 N. Lake Trail		
THILE	TD	<b>∑</b> DELETE	31 TITL		Palm Beach, FL 33480	Change Addition	
NAME	Bussey Jr., Edwin O.	***	3.2 NAN	1E			
STREET ADDRESS	130 DOLPHIN ROAD		3 3 S 1 A	EET ADDRESS			
C:TY - ST - ZIP	PALM BEACH FL 33480		3.4. CiT	Y-ST-ZIP			
TITLE	SD	DEFELE	4 1 TITU	F		Change Addition	
NAME	WARWICK, CHARLES H.		4 2 NAI	ΜE			
STREET ADDRESS	218 TANGIER AVE.		4 3 STR	EET ADDRESS			
CITY-ST-ZIP	PALM BEACH FL 33480	E loci exe		r-ST-ZIP		Channe C Addition	
TITLE		DELETE	5 1 1171			Change Addition	
NAME			5 2 NAN				
STREET ADDRESS				EET ADDRESS			
CITY-ST ZIP TITLE		DELETE	5 4 CIT	r-ST-2IP F		Change Addition	
NAME		Doctor	6 2 NAN				
STREET ADDRESS			1	EET ADORESS			
CITY-ST-ZIP		,		r-ST-ZIP			
	certify that the information supplied	with this filing is voluntarily ful			Alify 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 HAME OF SIGNING OFFICER OR DIRECTOR

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