

FILE NOW: FILING FEE IS \$61.25

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Apr 25 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 729808 (6)

1. Corporation Name  
AIRBOAT AND HALFTACK CONSERVATION CLUB OF PALM BEACH COUNTY, INC.



Principal Place of Business: P O BOX 17038 WEST PALM BEACH FL 33416  
Mailing Address: P O BOX 17038 WEST PALM BEACH FL 33416-7038

3. Date Incorporated or Qualified: 05/30/1974  
3a. Date of Last Report: 03/04/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		NOT APPLICABLE		Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
						Yes No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ARZENDOLA, MICHAEL J. 224 DATURA ST., SUITE 316 W. PALM BEACH FL 33409				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	<input checked="" type="checkbox"/> DELETE	11 TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, KENNETH		12 NAME	Palmer, Alan	
STREET ADDRESS	13660 49TH STREET, NORTH		13 STREET ADDRESS	5200 Jeffery Lane	
CITY-ST-ZIP	ROYAL PALM BEACH FL		14 CITY-ST-ZIP	Mangonia Park, FL 33407	
TITLE	VD	<input checked="" type="checkbox"/> DELETE	21 TITLE	1st VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALMER, ALAN		22 NAME	Stoszel Michael	
STREET ADDRESS	5200 JEFFERY LANE		23 STREET ADDRESS	12351 59th St. N.	
CITY-ST-ZIP	MANGONIA PARK FL		24 CITY-ST-ZIP	Royal Palm Beach, FL 33411	
TITLE	VP	<input checked="" type="checkbox"/> DELETE	31 TITLE	2nd VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOSSEL, MICHAEL		32 NAME	Bill Wallace	
STREET ADDRESS	824 ASPEN DR		33 STREET ADDRESS	1818 Australian Ave. Ste. 400	
CITY-ST-ZIP	WEST PALM BEACH FL		34 CITY-ST-ZIP	West Palm Beach, FL 33409	
TITLE	D	<input type="checkbox"/> DELETE	41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOWNS, BOB		42 NAME		
STREET ADDRESS	13755 48TH COURT, NORTH		43 STREET ADDRESS		
CITY-ST-ZIP	ROYAL PALM BEACH FL		44 CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> DELETE	51 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWINK, BRYAN		52 NAME	Debrowski, Marcy	
STREET ADDRESS	17684 ORANGE GROVE BLVD		53 STREET ADDRESS	12055 Acapulco Avenue	
CITY-ST-ZIP	LOXAHATCHEE FL		54 CITY-ST-ZIP	Palm Beach Gardens, FL 33410	
TITLE	T	<input type="checkbox"/> DELETE	61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITZELFELD, CHARLES		62 NAME		
STREET ADDRESS	17180 41ST RD N		63 STREET ADDRESS		
CITY-ST-ZIP	LOXAHATCHEE FL		64 CITY-ST-ZIP		

14. I do 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.

CR2E037 (9/96)

Signature: Michael J. Arzendola Date: 2/11/97