I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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
above, or on an attachment with all other like empowered.

TREASURER

### SIGNATURE: MARTIN REES

Electronic Signature of Signing Officer/Director Detail

	Electronic Signature of Registered Agent				
Officer/Director Detail :					
Title	COMMODORE	Title	TREASURER		
Name	SIMONIS, NICK	Name	REES, MARTIN		
Address	1502 HARRINGTON PARK DRIVE	Address	13639 QUEEN'S HARBOR BLVD (N)		
City-State-Zip:	JACKSONVILLE FL 32225	City-State-Zip:	JACKSONVILLE FL 32225		
Title	VICE COMMODORE	Title	SECRETARY		
Name	SPENCE, ROBIN	Name	STROHOFER, JOHN		
Address	13612 EMERALD COVE COURT	Address	464 BLAGDON COURT		
City-State-Zip:	JACKSONVILLE FL 32225	City-State-Zip:	JACKSONVILLE FL 32225		

REES, MARTIN DAVID 13639 QUEENS HARBOUR BLVD. (N) JACKSONVILLE, FL 32225 US	
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of	Florida.
SIGNATURE: MARTIN DAVID REES	08/

238 QUEENS HARBOUR BOULVARD JACKSONVILLE, FL 32225

238 QUEENS HARBOUR BOULVARD JACKSONVILLE, FL 32225

**Current Principal Place of Business:** 

## FEI Number: 46-5646013

**Current Mailing Address:** 

DOCUMENT# N1400002706

**REPORT** 

# Name and Address of Current Registered Agent:

2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL

## FILED Aug 12, 2018 Secretary of State CC3645074397

08/12/2018 Date

Certificate of Status Desired: No

08/12/2018 Date