FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 28 PM 5:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **176301** **(0)**

1. Corporation Name
THE MAYAN BEACH CLUB, INC.

Principal Place of Business	Mailing Address
1850 S OCEAN LANE FT LAUDERDALE FL 33316	1850 S OCEAN LANE FT LAUDERDALE FL 33316

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/01/1953
3a. Date of Last Report: 04/08/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 59-0729664 ☐ 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

MACPHERSON, JOAN W.
1850 S OCEAN LANE
FT LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name: Donald N. Schimmer
82 Street Address (P.O. Box Number is Not Acceptable): 1850 S. Ocean Lane
83
84 City: Ft. Lauderdale FL 85 Zip Code: 33316

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: Donald N. Schimmer-President — 4-21-95
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	~~PD~~	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	~~MACPHERSON, JOAN W.~~	1.2 NAME	Schimmer, Donald N.	
STREET ADDRESS	~~1850 S. OCEAN LANE~~	1.3 STREET ADDRESS	1850 S Ocean Lane	
CITY-ST-ZIP	~~FT. LAUDERDALE FL~~	1.4 CITY-ST-ZIP	Ft. Lauderdale FL	
TITLE	~~SD~~	2.1 TITLE	SD	☒ Change ☐ Addition
NAME	~~TRIPLETT, ADAMS ANN~~	2.2 NAME	Alden,Elizabeth M	
STREET ADDRESS	~~1850 S. OCEAN LANE~~	2.3 STREET ADDRESS	1850 S Ocean Lane	
CITY-ST-ZIP	~~FT. LAUDERDALE FL~~	2.4 CITY-ST-ZIP	Ft. Lauderdale FL	
TITLE	~~VD~~	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	~~ALDEN, JOHN DR.~~	3.2 NAME	Lockwood,John W.	
STREET ADDRESS	~~1850 S. OCEAN LANE~~	3.3 STREET ADDRESS	1850 S Ocean Lane	
CITY-ST-ZIP	~~FT. LAUDERDALE FL~~	3.4 CITY-ST-ZIP	Ft. Lauderdale FL	
TITLE	~~TD~~	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	~~CLAEYS, JERRY~~	4.2 NAME	Claeys, Don H.	
STREET ADDRESS	~~1850 S. OCEAN LANE~~	4.3 STREET ADDRESS	1850 S Ocean Lane	
CITY-ST-ZIP	~~FT. LAUDERDALE FL~~	4.4 CITY-ST-ZIP	Ft. Lauderdale FL	
TITLE	~~VD~~	5.1 TITLE	VD	☒ Change ☐ Addition
NAME	~~LOCKWOOD, JOHN H.~~	5.2 NAME	Elliott, Barbara W.	
STREET ADDRESS	~~1850 S. OCEAN LANE~~	5.3 STREET ADDRESS	1850 S Ocean Lane	
CITY-ST-ZIP	~~FT. LAUDERDALE FL~~	5.4 CITY-ST-ZIP	Ft Lauderdale FL	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Donald N. Schimmer-President — 4-21-95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Title — Daytime Phone #

0236209 CP