

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 176301

(0)

1. Corporation Name

THE MAYAN BEACH CLUB, INC.



Principal Place of Business

1850 S OCEAN LANE  
FT LAUDERDALE FL 33316

Mailing Address

1850 S OCEAN LANE  
FT LAUDERDALE FL 33316

3. Date Incorporated or Qualified  
12/01/1953

3a. Date of Last Report  
04/28/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

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

10. Name and Address of New Registered Agent

DONALD N. SCHIMMER  
1850 S. OCEAN LANE  
FT. LAUDERDALE FL 33316

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent must be resident when filing)

DATE

*Donald N. Schimmer* Nov. 13, 1996

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

PD  
NAME SCHIMMER, DONALD S.  
STREET ADDRESS 1850 S. OCEAN LANE  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE ☐ DELETE

SD  
NAME ALDEN, ELIZABETH M.  
STREET ADDRESS 1850 S. OCEAN LANE  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE ☒ DELETE

VD  
NAME LOCKWOOD, JOHN W.  
STREET ADDRESS 1850 S. OCEAN LANE  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE ☐ DELETE

TD  
NAME CLAEYS, DON H.  
STREET ADDRESS 1850 S. OCEAN LANE  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE ☐ DELETE

VD  
NAME ELLIOTT, BARBARA W.  
STREET ADDRESS 1850 S. OCEAN LANE  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1. TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2. TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3. TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4. TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5. TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6. TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

VD  
John W. MacPherson  
1850 S. Ocean Ln  
Ft. Lauderdale FL

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Donald N. Schimmer* Nov. 13, 1996 954-766-2622

Daytime Phone #

CR2E034 (12/95)