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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 176301

1. Corporation Name

THE MAYAN BEACH CLUB, INC.

| Principal Place | e of Business | Mailing Address | | | | . I tillig ti till i laden Milde tille Anter men | ı arâtı Bisil alalı | |
|---|--|-----------------------------------|------------------------|-----------|--------------------|---|---------------------|---------------------|
| 1850 S OCEAN LANE 1850 S OCEAN LANE | | | | | | | | |
| FT LAUDERDALE FL 33316 FT LAUDERDALE FL 33316 | | | | | | DO NOT MIDITE IN THIS SDACE | | |
| | | | | | | DO NOT WRITE IN THIS SPACE | | |
| | | | | | | 3. Date Incorporated or Qualifed | | |
| | | | | | | 12/01/1953 | | · · · · · · · · · · |
| Principal Place of Business 2a. Mailing Address | | | | | | 4. FEI Number | <u> </u> | pplied For |
| 21 26 | | | | | | 59-0729664 | | ot Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | - , ' ' ' ' | | | 5. Certificate of Status Desired - Sa.75 Additional Fee Required | | |
| City & State | е | City & State | | | | 6. Election Campaign Financing | \$5.00 | May Be |
| 23 | | 28 | | | | Trust Fund Contribution | Added | to Fees |
| Zip | Country | Zip | Cou | ntry | | 8. This corporation owes the current year | | _ |
| 24 | 25 29 30 | | 30 | | | Personal Property Tax. | Yes | □No |
| 9. Name and Address of Current Registered Agent | | | | | | 10. Name and Address of New Registere | d Agent | |
| | | | | 81 | Name | | | |
| THORNBURY, JOHN R | | | | 82 | Street Add | Street Address (P.O. Box Number is Not Acceptable) | | |
| 1850 S. OCEAN LANE | | | | 02 | Ou cot / tot | aross (1.5. Box Hamos) to Harrisoppisor | | |
| FT. l | AUDERDALE FL 33316 | | | 83 | | | | { |
| | | | | 84 | City | | . 85 Zip | Code |
| | | | | | , | F | L | |
| office or r | to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obliga | of Florida. Such change was a | iutnorized | עס נ | the corporal | rporation submits this statement for the purpose tion's board of directors. I hereby accept the ap | ointment as n | egistered |
| SIGNATURE | Signature, typed or printed name of registered ager | nt and title if applicable. (NOTE | Registered | Agen | it signature requi | red when reinstating) DATE | | |
| 12. | OFFICERS AN | D DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OFFICERS | | |
| TITLE | PD DELETE 1.11 | | | TLE | | | Change | ☐ Addition |
| NAME | THORNBURY, JOHN R 12N | | ME | | | | Ì | |
| STREET ADDRESS | 1850 S. OCEAN LANE 135 | | REET | r ADDRESS | | | \. | |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33316 | | 1.4 CI | TY-SI | T-ZIP | | <u> </u> | |
| TITLE | | | 2.1 TI | TLE | | | ☐ Change | ☐ Addition |
| NAME | SCHIMMER, DONALD N | | AME | j | | | J | |
| STREET ADDRESS | | | REET | T ADDRESS | • | | | |
| CITY-ST-ZIP | | | TY-S | ST-ZIP | · | | | |
| TITLE | <u> </u> | | 3,1 TI | 3,1 TITLE | | | ☐ Change | ☐ Addition |
| NAME | MASPHERSON, JOAN W. | | | AME | | | | \ \ |
| STREET ADDRESS | 1850 S OCEAN LANE | | | TREE1 | T ADDRESS | | | |
| CITY-ST-ZIP | | | ITY-S | ST-ZIP | | | | |
| TITLE | TD DELETE 4.1 TI | | | | | ☐ Change | ☐ Addition | |
| NAME | CLAEYS, JERRY 4.21 | | AME | | | | | |
| STREET ADDRESS | ACTA O COSTALIANTS | | | | T ADDRESS | | | j |
| | 1777 N. P. P. B. B. L. T. L. T. L. L. | | TY-S | | | | | |
| CITY-ST-ZIP TITLE | SD DELETE 5.17 | | | | | Change | Addition | |
| NAME | THONBURY, JULIA M | | 5.2 N | | | | | ļ |
| | | | TREE | T ADDRESS | | | | |
| STREET NEUROS | 1000 0. 000011 0116 | | • | | ſ | | | |

14. I 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 cath; 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, with all other like empowered that D

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

FT. LAUDERDALE FL 33316

VICE PRESIDENT

FILED

Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90159 007 ***150.00

☐ Addition