

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90081 011 ***150.00

DOCUMENT # 176301

1. Entity 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**

34023000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02022004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number
59-0729664

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**QUAIL, BRIAN T
1850 S OCEAN DRICE LN
FT. LAUDERDALE, FL 33316**

Name **MATTHEW J. SPENCE, III**

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

1850 So. OCEAN LANE

City **FT. LAUDERDALE**

FL

Zip Code **33316**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Matthew J. Spence, III**

MATTHEW J. SPENCE, III

3-12-04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME QUAIL, BRIAN
STREET ADDRESS 1850 S. OCEAN LANE
CITY-ST-ZIP FT. LAUDERDALE, FL 33316 ☒ Delete

TITLE PD
NAME **SPENCE III MATTHEW J**
STREET ADDRESS **1850 S OCEAN LANE**
CITY-ST-ZIP **FT. LAUDERDALE FL 33316** ☒ Change ☐ Addition

TITLE VD
NAME WIEDON, RICHARD
STREET ADDRESS 1850 S OCEAN LN
CITY-ST-ZIP FT LAUDERDALE, FL 33316 ☒ Delete

TITLE 1ST V.P.
NAME **ELLIOTT ROBERT**
STREET ADDRESS **1850 S OCEAN LANE**
CITY-ST-ZIP **FT. LAUDERDALE FL 33316** ☒ Change ☐ Addition

TITLE VD
NAME THORNBURY, JOHN
STREET ADDRESS 1850 S OCEAN LANE
CITY-ST-ZIP FORT LAUDERDALE, FL 33316 ☒ Delete

TITLE 2ND V.P.
NAME **THORNBURY JOHN**
STREET ADDRESS **1850 S OCEAN LANE**
CITY-ST-ZIP **FT. LAUDERDALE FL. 33316** ☒ Change ☐ Addition

TITLE T
NAME MORLEY, JOHN
STREET ADDRESS 1850 S. OCEAN LANE
CITY-ST-ZIP FT. LAUDERDALE, FL 33316 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S
NAME THONBURY, JULIA M
STREET ADDRESS 1850 S. OCEAN LANE
CITY-ST-ZIP FT. LAUDERDALE, FL 33316 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE A.T.
NAME **CLAEYS CHRIS**
STREET ADDRESS **1850 S. OCEAN LANE**
CITY-ST-ZIP **FT. LAUDERDALE FL. 33316** ☒ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Matthew J. Spence, III** **MATTHEW J. SPENCE, III**

3-12-04 - 1-954-523-8678

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PRESIDENT