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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 692584

(6)

 Corporation 	on Name	. (0)							
LIGHT	HARBOR MARINA, INC.								
									RIEN ANN IEE
Principal Plac	e of Business	Mailing Address	Mailing Address						
1555 PALM BCH. LKS. BLVD. #1100		1555 PALM BCH. LKS. BLVD. #1100							
P.O. BOX 3267 WEST PALM BEACH FL 33402		P.O. BOX 3267 WEST PALM BEACH FL 33402							
WEOV TREM	DENOTITE SONGE	WEST PALM DENOTIFE	. 33402		3	Date Incorporated or Qualified	1	of Last F	•
2. Principal P	lace of Business	2a. Mailing Address			<u>-</u>	06/29/1981 04/17/1995			
21		26			1	59-2103142		├ ─∔	Applied For Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.				Certificate of Status Desired	<u> </u>		5 Additional
22		27					X		Required
City & Stat 23	le .	City & State			6	Election Campaign Financing Trust Fund Contribution			May Be
Zip	Country	Zip	Countr		8	8. This corporation has liability for intangible tax under s 1		d to Fees	
24	25 29		30			Florida Statutes	No 💢 No		700.002,
	9. Name and Address of Currer	it Registered Agent				. Name and Address of New F	legistered /	Agent	
500150	TAUP F 1 10		81	Name					
	STONE, E. L., JR. NLM BCH. LKS. BLVD. #1100		82 Street		Address (F	P.O. Box Number is Not Acceptab	ole)		
	ALM BEACH FL 33401		83	 					
112011	ALM BEROTI PE 30401			ļ. <u>.</u>					
			84] - 7			FL	1 1 1	ip Code
11. Pursuant or registe	to the provisions of Sections 607.0502 red agent, or both, in the State of Flori th, and accept the obligations of Sections	and 607,1508, Florida Statute	s, the above-	named co	orporation :	submits this statement for the pu		nging its i	registered office
familiar w	ith, and accept the obligations of, Sect	ion 607.0505, Florida Statutes.		oration s	DOARG OF C	arectors, i nereby accept the app	ointment as i	registered	i agent. I am
S:GNATURE	Signature, typed or printed name of registered agent	Sent the Land Lockle	71. B. Zana a 4						
12.	OFFICERS AND DIRECTORS		Tt: Registered Age	ri signalure re	required when r	ADDITIONS/CHANGES TO OFF	DATE ICERS AND	DIRECTO)BS IN 12
TITLE	DP DELETE		1. 1 TITLE	1. 1 TITLE] Change	☐ Addition
NGME	ECCLESTONE, LLWYD E., JR		1.2 NAME						
STREET ADDRESS	1555 PALM BCH LKS BLVD.		1.3 STREET ADDRESS						
City : S1 - ZiP Title	W. PALM BEACH FL	T DELETE	1.4 C(TY - S1 - Z(P		V/S				
NAME	LEYENDECKER, HELENA		2 1 TITLE	2 2 NAME			XX] Change	Addition
STREET ADDRESS	1555 PALM BCH LKS BLVD.		2 3 STREET ADDRESS						
CITY - ST - ZIP	W. PALM BEACH FL			2.4 CITY - ST - ZIP					
Tillef	VDT DELETE		3 1 TITLE					Change	Addition
NAME	COOPER, RON		3.2 NAME						
STHEET ADDRESS	1555 PALM BCH LKS BLVD.		3.3 STREE	T ADDRESS					
COTY - ST - 70P THILE	W. PALM BCH. FL	DELETE	3.4 CITY-5	ST-ZIP				7 Change	C) Addition
NAME			4.2 NAME				L] Change	☐ Addition
STREET ADDRESS			4.3 STREET	ADDRESS]				
CITY-SI-7IP			4.4 CITY - 5	§					
THEE	DELETE		5 1 TITLE] Change	Addition
NAME			5.2 NAME						
SIRSEL ADDRESS			5 3 STREET						
CITY-ST-ZIF TITLE	DELFTE			5.4 CITY - \$1 - ZIP				1 Chr	- Lare
NAME		- Doctor	6 1 TITLE 6 2 NAME				L] Change	☐ Addition
STREET ADDRESS			6 3 STREET	ADDRESS					
-			O D O INEC	- IDD-IEG J	l				-

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 attacklient with an address.

SIGNATURE: Ron Cooper

Ron Cooper AMPLL
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

407/686-2000

Daytime Phone #