

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 707380

(2)

1. Corporation Name

THE BOAT HOUSE POOL, INC.



Principal Place of Business

2103 SE 18 ST  
FORT LAUDERDALE FL 33316

Mailing Address

2103 SE 18 ST  
FORT LAUDERDALE FL 33316

2. Principal Place of Business

2a. Mailing Address

21

26

3000 N Fed HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

BLDG #8

City & State

City & State

23

28

Fort Lauderdale FL

Zip

Country

Zip

Country

24

25

29

33306-

30

Broward

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/03/1964

3a. Date of Last Report

03/03/1995

4. FEI Number

59-1143385

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

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME NIEBAUER, THOMAS  
STREET ADDRESS 2111 S.E. 18TH STREET  
CITY-ST-ZIP FORT LAUDERDALE FL

☒ DELETE

TITLE PD  
NAME LANDIS, KEN  
STREET ADDRESS 2103 SE 18TH STREET  
CITY-ST-ZIP FORT LAUDERDALE FL

☐ DELETE

TITLE STD  
NAME LANDIS, P. L.  
STREET ADDRESS 2103 S.E. 18TH STREET  
CITY-ST-ZIP FORT LAUDERDALE FL

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE President/Dir  
12 NAME Mary E. Tafoya  
13 STREET ADDRESS 2107 S E 18 ST  
14 CITY-ST-ZIP Fort Lauderdale FL 33316

☐ Change

☒ Addition

21 TITLE Vice-President/Dir  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP 33316

☐ Change

☐ Addition

31 TITLE Sec/Tres/Dir  
32 NAME James Blake  
33 STREET ADDRESS 2105 S E 18 ST  
34 CITY-ST-ZIP Fort Lauderdale FL 33316

☐ Change

☒ Addition

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

☐ Change

☐ Addition

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

☐ Change

☐ Addition

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

☐ Change

☐ Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mary E. Tafoya

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-96

Date

954-763-5093

Daytime Phone #

CR2E037 (12/95)