## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## Mar 26, 2003 8:00 am Secretary of State DOCUMENT # 707380 1. Entity Name 03-26-2003 90140 035 \*\*\*\*61.25 THE BOAT HOUSE POOL, INC. Principal Place of Business Mailing Address P O BOX 24371 2103 SE 18 ST FORT LAUDERDALE FL 33316 OAKLAND PK FL 33307 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State 4. FE! Number 59-1143385 City & State Applied For Not Applicable \_Zip Country \$8.75 Additional 5.~Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NEWTON-GARCIA, VICTORIA Street Address (P.O. Box Number is Not Acceptable) 2930 N WEST 5TH AVE WILTON MANORS FL 33311 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. DVP Delete TITLE ☐ Change Addition President NAME Tafoya, Mary E NAME Phillip O/Connell1 STREET ADDRESS 2107 SE 18 ST STREET ADDRESS 2103 S E 18 ST CITY-ST-7IP FORT LAUDERDALE FL 33316 CITY-ST-ZIP <u> Fort Lauderdale, Florida 33316</u> COST DIR TITLE Dir/Seb/Treas TITLE □ Delete TAFOYA, CRAIG NAME NAME Alan Siegel 2107 SE 18TH ST STREET ADDRESS STREET ADDRESS 2111 S-E 18 ST FORT LAUDERDALE FL 33316 CITY-ST-ZIP CITY-ST-ZIP Fort Lauderdale, Florida 33316 Delete Dir/VICE PRESIDENT TITLE TITLE ☐ Change NIEBAUER, THOMAS NAME NAME Buddy Boyer 2111 SE 18 STREET STREET ADDRESS STREET ADDRESS 2113 S E 18 ST CITY-ST-7IF FORT LAUDERDALE FL 33316 CITY-ST-ZIP <u>Fort Lauderdale Florida 33316</u> TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 effect this report as required by Chapter 617, 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.

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE

TITLE

NAMÉ

STREET ADDRESS

CITY-ST-ZIP

Delete

954-525-8958

☐ Change

Addition

**FILED**