FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

714769

(7)

THE GULF STREAM YACHT CLUB

Apr 10 1998 8:00am Secretary of State

FILED

Principal Place of Business Mailing Address							T LOGULY SEARY WOLL STORY COLUMN CHILD THE COLUMN CHILD	HIII 1	IBIF DIBII DIVII FAAI			
770 NE 37TH ST. BOCA RATON FL 33431			770 NE 37TH ST. BOCA RATON FL 33431			3. Date Incorporated or Qualified 06/13/1968						
							4. FEI Number 59-1002366	F	Applied For Not Applicable			
2. Principal Place of Business			2a. Mailing Address			5. Certificate of Status Desired	#0 9E					
22	Suite, Apt. #, etc.		Suite, Apt	Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
23	City & State		City & State				7. Is this nonprofit corporation a homeowners association? Yes M No					
24		25 29 30			intry			Yes	ar Intangible No			
Name and Address of Current Registered Agent							10. Name and Address of New Registered A	jent				
MARIEN LACALICINE					81	Name						
					82	Street Add	dress (P.O. Box Number is Not Acceptable)					
BOCA RATON FL 33431			83									
					84	City	FL	85	Zip Code			
-11	office or registered ac	ient, or both, in the S	.0502 and 617.1508, F State of Florida. Such cl bligations of, Section 6	hange was authorize	d by	the corpora	poration submits this statement for the purpose of cation's board of directors. I hereby accept the appoint	hang ntme	ing its registered nt as registered			

SIGNATURE												
Signature, typed or printed name of registered agent and title It applicable. (NOTE: Registered Agent alguature required when reinstating) DATE												
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND								
TITLE	VCD 🗵	DELETE	1.1 TITLE	VCD	Change	X Addition						
NAME	KIRKLAND, WILLIAM		1.2 NAME	JOSEPH KRAWIEC		1						
STREET ADDRESS	854 LILAC DR		1.3 STREET ADDRESS	220 MAC FARLANE DRIVE								
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP	DELRAY BEACH, FL 33481	3							
TITLE		DELETE	2.1 TITLE	VD	Change	Addition						
NAME	KRAWIEC, JOSEPH		2.2 NAME	MICHAEL MUNRO								
STREET ADDRESS	220 MAC FARLANE DR		2.3 STREET ADDRESS	750 NE 69th STREET								
CITY-ST-ZIP	DELRAY BCH FL		2. 4 CITY-ST-ZIP	DELRAY BEACH, FL 3388	7							
TITLE	SD	DELETE	3.1 TITLE		Change	Addition .						
NAME	KIMMEN, JACQUELINE		3.2 NAME									
STREET ADDRESS	770 NE 37TH ST.		3.3 STREET ADDRESS									
CITY-ST-Z#P	BOCA RATON FL		3.4. CITY-ST-ZIP		. <u> </u>							
TITLE	VO E	DELETE	4.1 TITLE	VD	☐ Change	X Addition						
NAME	MUNRO, MICHAEL		4, 2 NAME	STEVE SIMONI								
STREET ADDRESS	750 NE 69 ST		4.3 STREET ADDRESS	604 BOCA MARINA COURT								
CITY-ST-ZIP	BOCA RATON FL		4.4 CITY-ST-ZIP	BOCA RATON, FL 33487								
TITLE	TD	DELETE	5.1 TITLE	= 1 111 1111 111	Change	☐ Addition						
NAME	FRITTS, ADDISON D		5.2 NAME			•						
STREET ADDRESS	3411 SPANISH TRAIL C417		5.3 STREET ADDRESS			•						
CITY-ST-ZIP	DELRAY BEACH FL		5.4 CITY-ST-ZIP									
TITLE		DELETE	6.1 TITLE		☐ Change	Addition						
NAME			6.2 NAME									
STREET ADORESS			6.3 STREET ADDRESS									

6.4 CITY-ST-ZIP

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 ennual 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.

SIGNATI IRE

JAGOVELINE KIMMEN

4/6/98

561-395-9790

R2F037 (10/97)