

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 30 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **724943** (6)

1. Corporation Name

**MAC ARTHUR BEACH & RACQUET CLUB INC**

Principal Place of Business

Mailing Address

**700 GOLDEN BEACH BLVD.  
U-140  
VENICE FL 34285**

**700 GOLDEN BEACH BLVD.  
U-140  
VENICE FL 34285**

3. Date Incorporated or Qualified

**12/04/1972**

4. FEI Number

**59-1536335**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21 SAME AS ABOVE**

**2a SAME AS ABOVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22**

**27**

City & State

City & State

**23**

**28**

Zip

Country

Zip

Country

**24**

**29**

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**AUSTIN, SAMMY  
700 GOLDEN BEACH BLVD.  
U140  
VENICE FL 34285**

**81** Name

**HESS, JAMES E.**

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

**700 GOLDEN BEACH BLVD.**

**83** UNIT 140

**84** City **VENICE**

**FL**

**85** Zip Code **34285**

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 **JAMES E. HESS**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-20-98**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>DP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BARRON, JEAN</b>	
STREET ADDRESS	<b>700 GOLDEN BEACH BLVD, U228</b>	
CITY-ST-ZIP	<b>VENICE FL</b>	

1.1 TITLE	<b>DP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>MARGE RITTENHOUSE</b>	
1.3 STREET ADDRESS	<b>700 GOLDEN BEACH BLVD U 126</b>	
1.4 CITY-ST-ZIP	<b>VENICE FL. 34285</b>	

TITLE	<b>DVP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SAWTELL, RICHARD</b>	
STREET ADDRESS	<b>700 GOLDEN BEACH BLVD, U937</b>	
CITY-ST-ZIP	<b>VENICE FL</b>	

2.1 TITLE	<b>DVP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>BEN McCULLOUGH</b>	
2.3 STREET ADDRESS	<b>700 GOLDEN BEACH BLVD. U 439</b>	
2.4 CITY-ST-ZIP	<b>VENICE FL. 34285</b>	

TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>RIDDELL, NATALIE</b>	
STREET ADDRESS	<b>700 GOLDEN BEACH BLVD U209</b>	
CITY-ST-ZIP	<b>VENICE FL</b>	

3.1 TITLE	<b>DT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>NATALIE RIDDELL</b>	
3.3 STREET ADDRESS	<b>700 GOLDEN BEACH BLVD. U 209</b>	
3.4 CITY-ST-ZIP	<b>VENICE FL. 24285</b>	

TITLE	<b>DT</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ZINGERMAN, GAYLE</b>	
STREET ADDRESS	<b>700 GOLDEN BEACH BLVD, U125</b>	
CITY-ST-ZIP	<b>VENICE FL</b>	

4.1 TITLE	<b>DS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>GAYLE ZINGERMAN</b>	
4.3 STREET ADDRESS	<b>700 GOLDEN BEACH BLVD. U 126</b>	
4.4 CITY-ST-ZIP	<b>VENICE FL. 34285</b>	

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GERSTENBERGER, ARTHUR</b>	
STREET ADDRESS	<b>700 GOLDEN BEACH BLVD, U231</b>	
CITY-ST-ZIP	<b>VENICE FL</b>	

5.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>JOE Mc GOWAN</b>	
5.3 STREET ADDRESS	<b>700 GOLDEN BEACH BLVD U 127</b>	
5.4 CITY-ST-ZIP	<b>VENICE FL. 34285</b>	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
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 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: **JAMES E. HESS**

*Ben McCullough*

**4-20-98 946-484-6706**

CR2E037 (10/97)