


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90049 031 ****61.25

DOCUMENT # 724943 1. Entity Name MAC ARTHUR BEACH & RACQUET CLUB INC					
Principal Place of Business 700 GOLDEN BEACH BLVD. RM-140 VENICE, FL 34285-3338 US			Mailing Address 700 GOLDEN BEACH BLVD. RM-140 VENICE, FL 34285-3338 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
OBERMEIER, THOMAS 700 GOLDEN BEACH BLVD RM 140 VENICE, FL 34285-3338			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT NEYS, KATHY 700 GOLDEN BEACH BLVD., UNIT #114 VENICE, FL 34285		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCANTLING, DONALD 700 GOLDEN BEACH BLVD U#218 VENICE, FL 34285		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT JOHN M. BOODEN 700 GOLDEN BEACH BLVD. U#103 VENICE, FL 34285	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MARTIN, RALPH A 700 GOLDEN BEACH BLVD. U #938 VENICE, FL 34285		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLER, JOE 700 GOLDEN BEACH BLVD U837 VENICE, FL 34285		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. ALLEN KASSMAN 700 GOLDEN BEACH BLVD. U#840 VENICE, FL 34285	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP PETERS, DONALD 700 GOLDEN BEACH BLVD., #440 VENICE, FL 34285		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP EDWARD ADAMS 700 GOLDEN BEACH BLVD. U#223 VENICE, FL 34285	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 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 execute 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.					
SIGNATURE: <i>Ralph A Martin</i> Feb 10, 2005					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					