

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2007 08:00 AM**  
**Secretary of State**

**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**



01042007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1536335**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**OBERMEIER, THOMAS  
700 GOLDEN BEACH BLVD  
RM 140  
VENICE, FL 34285-3338**

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	DS
NAME	NEYS, KATHY
STREET ADDRESS	700 GOLDEN BEACH BLVD., UNIT #114
CITY-ST-ZIP	VENICE, FL 34285
TITLE	DP
NAME	BOODEN, JOHN M
STREET ADDRESS	700 GOLDEN BEACH BLVD, # 103
CITY-ST-ZIP	VENICE, FL 34285
TITLE	DT
NAME	MARTIN, RALPH A
STREET ADDRESS	700 GOLDEN BEACH BLVD. U #938
CITY-ST-ZIP	VENICE, FL 34285
TITLE	D
NAME	KASSMAN, ALLEN
STREET ADDRESS	700 GOLDEN BEACH BOULEVARD #840
CITY-ST-ZIP	VENICE, FL 34285
TITLE	DVP
NAME	CARLESIMO, EMILIO
STREET ADDRESS	700 GOLDEN BEACH BLVD, # 104
CITY-ST-ZIP	VENICE, FL 34285
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/19/07-80017-017 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

*John M. Booden* **PRESIDENT**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-11-07**  
Date

**941-484-6706**  
Daytime Phone #