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Jan 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT STATE Sandra B. Moim Secretary of S DIVISION OF CORPORATIONS
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DOCUMENT # **729808** (6)

1. Corporation Name

AIRBOAT AND HALFTRACK CONSERVATION CLUB OF PALM BEACH COUNTY, INC.

Principal Place of Business

Mailing Address

P O BOX 17038
WEST PALM BEACH FL 33416

P O BOX 17038
WEST PALM BEACH FL 33416



3. Date Incorporated or Qualified

05/30/1974

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

28 Zip

30 Entry

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**AMENDOLA, MICHAEL J.
224 DATURA ST., SUITE 216
W. PALM BEACH FL 33409**

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **VPD WALLACE, BILL**
STREET ADDRESS **1818 AUSTRALIAN AVE., SUITE 400**
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE ☐ DELETE
NAME **PD PALMER, ALAN**
STREET ADDRESS **5200 JEFFERY LANE**
CITY-ST-ZIP **MANGONIA PARK FL**

TITLE ☐ DELETE
NAME **VPD STOSSEL, MICHAEL**
STREET ADDRESS **12351 59TH ST N**
CITY-ST-ZIP **ROYAL PALM BEACH FL**

TITLE ☐ DELETE
NAME **D DOWNS, BOB**
STREET ADDRESS **13755 48TH COURT, NORTH**
CITY-ST-ZIP **ROYAL PALM BEACH FL**

TITLE ☐ DELETE
NAME **S DEBROWSKI, MARCY**
STREET ADDRESS **12085 ACAPULCO AVENUE**
CITY-ST-ZIP **PALM BEACH GARDENS FL**

TITLE ☐ DELETE
NAME **T MITZELFELD, CHARLES**
STREET ADDRESS **17160 41ST RD N**
CITY-ST-ZIP **LOXAHATCHEE FL**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/98

CR2E037 (10/97)