


FILE NOW: FILING FEE IS \$61.25

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Jun 11 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 731781 (1)  
1. Corporation Name  
SAINT ANDREW'S AQUATICS CLUB, INC.



Principal Place of Business Mailing Address  
2290 N.W. 35TH STREET P.O. BOX 2205 BOCA RATON FL 33427-2205

3. Date Incorporated or Qualified 02/03/1975  
3a. Date of Last Report 04/24/1996

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

4. FEI Number 59-1979514 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  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent  
DANGERFIELD, DAVID E.  
7075 N. W. 5TH AVENUE  
1  
BOCA RATON FL 33434

10. Name and Address of New Registered Agent  
81 Name Tyler, David IV  
82 Street Address (P.O. Box Number is Not Acceptable) 875 SW 4th Ct #11  
83  
84 City Boca Raton FL 85 Zip Code 33432

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] (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DANGERFIELD, DAVID	
STREET ADDRESS	9553 DENVER CT.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	TOOMEY, KATE	
STREET ADDRESS	1190 S.W. 21ST LANE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	DOLANS, MICHAEL	
STREET ADDRESS	3048 N.W. 27TH AVE.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TYLER, DAVID I	
STREET ADDRESS	1672 FARMINGTON CIRCLE	
CITY-ST-ZIP	WELLINGTON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12?

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Tyler, David IV	
1.3 STREET ADDRESS	875 SW 4th Ct #11	
1.4 CITY-ST-ZIP	Boca Raton, FL 33432	
2.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Wasserman, Marianne	
2.3 STREET ADDRESS	10192 Shireoaks Lane	
2.4 CITY-ST-ZIP	Boca Raton, FL 33498	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 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 do 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.

CR2E037 (9/96)

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**NONPROFIT CORPORATION  
ANNUAL REPORT  
1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N34803 (9)**  
1. Corporation Name  
**FLORIDA BOPPERS, INC.**



Principal Place of Business <b>C/O WILLIAM J. MADDOX 3371 DEBUSSY RD. JACKSONVILLE FL 32277 US</b>		Mailing Address <b>C/O WILLIAM J. MADDOX 3371 DEBUSSY RD. JACKSONVILLE FL 32277-2640 US</b>		3. Date Incorporated or Qualified <b>10/20/1989</b>	3a. Date of Last Report <b>02/07/1996</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	4. FEI Number <b>59-2974588</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
City & State <b>23</b>	City & State <b>28</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
Zip <b>24</b>	Country <b>25</b>	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>9. Name and Address of Current Registered Agent</b>				<b>10. Name and Address of New Registered Agent</b>			
<b>MADDOX, WILLIAM J. 3371 DEBUSSY RD. JACKSONVILLE FL 32277</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	<b>CHERYL HARRIS</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<b>MADDOX, LEE</b>			1.2 NAME	<b>4326 LAKE WOODBOURNE DR.</b>		
STREET ADDRESS	<b>3371 DEBUSSY ROAD</b>			1.3 STREET ADDRESS	<b>JACKSONVILLE, FL 32217</b>		
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>			1.4 CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>DIANA HUPP</b>			2.2 NAME			
STREET ADDRESS	<b>2100 LAKE SHORE BLVD.</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>JACKSONVILLE FL 32210</b>			2.4 CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>YEOMANS, EARL</b>			3.2 NAME			
STREET ADDRESS	<b>2740 CHEROKEE AVE</b>			3.3 STREET ADDRESS			
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>			3.4 CITY-ST-ZIP			
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<b>YVONNE ALLEN</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<b>SIRMANS, MAXIE</b>			4.2 NAME	<b>P.O. BOX 8671 (N/A)</b>		
STREET ADDRESS	<b>1652 POND GANNETT LANE</b>			4.3 STREET ADDRESS	<b>JACKSONVILLE, FL 32239</b>		
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>			4.4 CITY-ST-ZIP			
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	<b>RONNIE OAKS</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<b>JIM BAKER,</b>			5.2 NAME	<b>7932 SOUTHSIDE BLVD #605</b>		
STREET ADDRESS	<b>10867 LIPPAZAN DR.</b>			5.3 STREET ADDRESS	<b>JACKSONVILLE, FL 32256</b>		
CITY-ST-ZIP	<b>JACKSONVILLE FL 32257</b>			5.4 CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>LUNSFORD, THELMA</b>			6.2 NAME			
STREET ADDRESS	<b>7438 SHARBETH DRIVE NORTH</b>			6.3 STREET ADDRESS			
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>			6.4 CITY-ST-ZIP			

14. I do 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.

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