


FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 11 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **731781** (1)

1. Corporation Name

**SAINT ANDREW'S AQUATICS CLUB, INC.**



Principal Place of Business <b>2290 N.W. 35TH STREET P.O. BOX 2205 BOCA RATON FL 33427</b>	Mailing Address <b>2290 N.W. 35TH STREET P.O. BOX 2205 BOCA RATON FL 33427-2205</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/03/1975</b>		3a. Date of Last Report <b>04/24/1996</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>59-1979514</b>		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>DANGERFIELD, DAVID E. 7075 N. W. 5TH AVENUE 1 BOCA RATON FL 33434</b>				10. Name and Address of New Registered Agent			
				81 Name <b>Tyler, David IV</b>			
				82 Street Address (P.O. Box Number is Not Acceptable) <b>875 SW 4th Ct #11</b>			
				83			
				84 City <b>Boca Raton</b> FL 85 Zip Code <b>33434</b>			

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DANGERFIELD, DAVID			1.2 NAME	Tyler, David IV		
STREET ADDRESS	9553 DENVER CT.			1.3 STREET ADDRESS	875 SW 4th Ct #11		
CITY-ST-ZIP	BOCA RATON FL			1.4 CITY-ST-ZIP	Boca Raton, FL 33434		
TITLE	SD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	TOOMEY, KATE			2.2 NAME	Wasserman, Marianne		
STREET ADDRESS	1190 S.W. 21ST LANE			2.3 STREET ADDRESS	10192 Shireoaks Lane		
CITY-ST-ZIP	BOCA RATON FL			2.4 CITY-ST-ZIP	Boca Raton, FL 33498		
TITLE	TD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOLANS, MICHAEL			3.2 NAME			
STREET ADDRESS	3048 N.W. 27TH AVE.			3.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TYLER, DAVID I			4.2 NAME			
STREET ADDRESS	1872 FARMINGTON CIRCLE			4.3 STREET ADDRESS			
CITY-ST-ZIP	WELLINGTON FL			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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

Mailing Address

C/O WILLIAM J. MADDOX  
3371 DEBUSSY RD.  
JACKSONVILLE FL 32277  
US

C/O WILLIAM J. MADDOX  
3371 DEBUSSY RD.  
JACKSONVILLE FL 32277-2640  
US

3. Date Incorporated or Qualified  
10/20/1989

3a. Date of Last Report  
02/07/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

4. FEI Number  
59-2974588

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

10. Name and Address of New Registered Agent

MADDOX, WILLIAM J.  
3371 DEBUSSY RD.  
JACKSONVILLE FL 32277

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE  
NAME MADDOX, LEE  
STREET ADDRESS 3371 DEBUSSY ROAD  
CITY-ST-ZIP JACKSONVILLE FL

1.1 TITLE P  
1.2 NAME CHERYL HARRIS ☐ Change ☒ Addition  
1.3 STREET ADDRESS 4326 LAKE WOODBOURNE DR.  
1.4 CITY-ST-ZIP JACKSONVILLE, FL 32217

TITLE D ☐ DELETE  
NAME DIANA HUPP  
STREET ADDRESS 2100 LAKE SHORE BLVD.  
CITY-ST-ZIP JACKSONVILLE FL 32210

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME YEOMANS, EARL  
STREET ADDRESS 2740 CHEROKEE AVE  
CITY-ST-ZIP JACKSONVILLE FL

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D ☒ DELETE  
NAME SIRMANS, MAXIE  
STREET ADDRESS 1652 POND GANNETT LANE  
CITY-ST-ZIP JACKSONVILLE FL

4.1 TITLE P  
4.2 NAME YVONNE ALLEN ☐ Change ☒ Addition  
4.3 STREET ADDRESS P.O. BOX 8671 (N/A)  
4.4 CITY-ST-ZIP JACKSONVILLE, FL 32239

TITLE D ☒ DELETE  
NAME JIM BAKER,  
STREET ADDRESS 10867 LIPPAZAN DR.  
CITY-ST-ZIP JACKSONVILLE FL 32257

5.1 TITLE P  
5.2 NAME DONNIE OAKS ☐ Change ☒ Addition  
5.3 STREET ADDRESS 7932 SOUTHSIDE BLVD #605  
5.4 CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE D ☐ DELETE  
NAME LUNSFORD, THELMA  
STREET ADDRESS 7438 SHARBETH DRIVE NORTH  
CITY-ST-ZIP JACKSONVILLE FL

6.1 TITLE ☐ Change ☐ 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.

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