2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 27, 2007 8:00 am Secretary of State DOCUMENT # 737800 04-27-2007 90209 042 ****61.25 1. Entity Name HILLSBORO INLET SAILING CLUB, INC. Principal Place of Business Mailing Address P 0 BOX 5241 P 0 BOX 5241 LIGHTHOUSE POINT, FL 33064 LIGHTHOUSE POINT, FL 33064 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01102007 Chg-NP CR2E037 (12/06) Applied For FEI Number 59-1705899 City & State City & State Not Applicable Zip *** Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Vanis TIPPETT, FRANK 🚓 Street Address (ILO. Box Number is Not Acceptable) 750 NE SPANISH RIVER BLVD #302 BOCA RATON, FL:33431 cil Lighthouse 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 ac the obligations of registered agent. SIGNATURE _ Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. TITLE ☐ Delete TITLE ☐ Addition LEONARD, TIM 1512 SE 12th Ct. STEWARD, HAL NAME NAME 300 NE 48TH CT., #304 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LIGHTHOUSE POINT, FL 33064 CITY-ST-ZIP Deer Field Beach, FL 3344/ VΡ TITLE ☐ Defete TITE ☐ Addition , Julie LEONARD, TIM NAME NAME 1512 SE 12TH COURT STREET ADDRESS STREET ADDRESS DEERFIELD BEACH, FL. 33441 oca Raton FL 33487 CITY-ST-ZIP CITY-ST-ZIP VΡ TITLE ☐ Delete TITLE Change ☐ Addition 5140mo, William Drive 1606 E. Terra Mar Drive Lauderdale By The Sea FL. 33062 TICE, JULIE NAME NAME STREET ADDRESS 710 NE 69TH STREET STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33487 CITY-ST-ZIP TITLE ☐ Delete TITLE FROST, STAN NAME NAME STREET ADDRESS 6375 NW 24TH ST STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33434 CITY-ST-ZIP Change TITLE ☐ Delete TITLE ■ Addition Janis Rudy Ct. #414 TIPPETT, FRANK NAME NAME 750 NE SPANISH RIVER BLVD., #302 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL: 33431 CITY-ST-ZIP TITLE S Detete TITLE Addition Steward, Mary 3000, NE 445 Ct. #304 SHOMO, JAIN NAME NAME STREET ADDRESS 1600 E. TERRA MAR DRIVE STREET ADDRESS Lighthouse Pt. CITY-ST-ZIP LAUDERDALE BY TH SEA, FL 33062 CITY-ST-ZIP 33064 12. I hereby certify that the information supplied with this filling 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.

FILED

Date