FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # 759306 (4)

1. Corporation Name

DRIFTWOOD BEACH CLUB ASSOCIATION, INC.

Principal Place of Business
4417 EL MAR DRIVE
LAUDERDALE-BY-THE-SEA FL 33308

Mailing Address
EL MAR
4417 ~~ELMER~~ DRIVE
LAUD BY SEA FL 33308
US

3. Date Incorporated or Qualified: 07/27/1981
3a. Date of Last Report: 05/31/1995

2. Principal Place of Business
21: 4417 El Mar Drive
22: Suite, Apt. #, etc.
23: City & State: Lauderdale by Sea, FL.
24: Zip: 33308
25: Country: US

2a. Mailing Address
26:
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

4. FEI Number: 59-2186094 ☐ 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

TRICK, WILLIAM
660 S FEDERAL HWY
3 FL
POMPANO BCH FL 33062

10. Name and Address of New Registered Agent

81 Name: Gary Olsen
82 Street Address (P.O. Box Number is Not Acceptable): 315 NE 3rd Avenue #200
83
84 City: Ft. Lauderdale, FL
FL 85 Zip Code: 33301

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: Gary J. Olsen — Gary J. Olsen (NOTE: Registered Agent signature required when reinstating) — 04/26/96 DATE
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS

TITLE	TD	☐ DELETE
NAME	~~SANDERS, RAYMOND~~	
STREET ADDRESS	~~6769 AZALEA DR.~~	
CITY-ST-ZIP	~~HOLLYWOOD FL~~	
TITLE	D	☐ DELETE
NAME	~~JONES, DONALD~~	
STREET ADDRESS	~~19501 CYPRESS CT.~~	
CITY-ST-ZIP	~~MIAMI FL 33015~~	
TITLE	D	☐ DELETE
NAME	~~MARTIN, ELIZABETH~~	
STREET ADDRESS	~~14921 SW 15 ST~~	
CITY-ST-ZIP	~~PEMBORK PINES FL~~	
TITLE	PD	☐ DELETE
NAME	~~HEDGES, DOROTHY~~	
STREET ADDRESS	~~5505 SILVER HILL ROAD~~	
CITY-ST-ZIP	~~SUITLAND MD~~	
TITLE	D	☐ DELETE
NAME	~~MCGUIRE, LEONARD~~	
STREET ADDRESS	~~610 SW 76 ST~~	
CITY-ST-ZIP	~~POMPANO FL~~	
TITLE	PD	☐ DELETE
NAME	~~HEDGES, HAROLD~~	
STREET ADDRESS	~~5505 SILVER HILL RD~~	
CITY-ST-ZIP	~~SUITLAND MD~~	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	Bongiovanni, Peter	
1.3 STREET ADDRESS	5304 Europa Drive N	
1.4 CITY-ST-ZIP	Boynton Beach, FL. 33437	
2.1 TITLE	TD	☐ Change ☐ Addition
2.2 NAME	Burns, Dorothy	
2.3 STREET ADDRESS	755 Saturn St.	
2.4 CITY-ST-ZIP	Jupiter, FL. 33477	
3.1 TITLE	D	☐ Change ☐ Addition
3.2 NAME	MASONE, JOSEPH	
3.3 STREET ADDRESS	29876 Springs Terrace	
3.4 CITY-ST-ZIP	Boca Raton, FL. 33428	
4.1 TITLE	P	☐ Change ☐ Addition
4.2 NAME	Spanito, Dexter	
4.3 STREET ADDRESS	1223 Commonwealth Circle #106	
4.4 CITY-ST-ZIP	Naples, FL. 33999	
5.1 TITLE	D	☐ Change ☐ Addition
5.2 NAME	CAPETELLO, AUGUSTIN	
5.3 STREET ADDRESS	8253 J. Brisata Circle	
5.4 CITY-ST-ZIP	Boynton Beach, FL. 33437	
6.1 TITLE	D	☐ Change ☐ Addition
6.2 NAME	Fuller, Sheldon	
6.3 STREET ADDRESS	601 Cypress Lake Blvd. #1	
6.4 CITY-ST-ZIP	Pompano, FL. 33064	

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Peter Bongiovanni — 4/24/96 — 305 776-4441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PETER BONGIOVANNI