FILE NOW: FILING FEE IS $61.25

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May 05 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 # 759306 (4)

1. Corporation Name

DRIFTWOOD BEACH CLUB ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4417 EL MAR DRIVE LAUDERDALE-BY-THE-SEA FL 33308	4417 EL MAR DRIVE LAUD BY SEA FL 33308-3605 US

3. Date Incorporated or Qualified: 07/27/1981
3a. Date of Last Report: 05/01/1996

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

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

OLSEN, GARY
~~316 NE 3RD AVE #2000~~
~~8 FL~~
~~FT LAUDERDALE FL 33301~~
1215 EAST BROWARD BOULEVARD
FORT LAUDERDALE, FL 33301

10. Name and Address of New Registered Agent

81 Name: GARY J. OLSEN
82 Street Address (P.O. Box Number is Not Acceptable): 1215 EAST BROWARD BOULEVARD
83
84 City: FORT LAUDERDALE **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 — 4/21/97
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	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BONGIOVANNI, PETER		1.2 NAME	
STREET ADDRESS	5204 EURORA DRIVE N		1.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL		1.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BURNS, DOROTHY		2.2 NAME	
STREET ADDRESS	755 SATURN ST		2.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MASONE, JOSEPH		3.2 NAME	
STREET ADDRESS	20876 SPRINGS TERR		3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SPANITZ, DEXTER		4.2 NAME	
STREET ADDRESS	1223 COMMONWEATLTH CIR #106		4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	CAPETELLO, AUGUSTIN		5.2 NAME	
STREET ADDRESS	5253 J BRISATA CIR		5.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	KULIC, SHELDON		6.2 NAME	
STREET ADDRESS	661 CYPRESS LAKE BLVD #1		6.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO FL		6.4 CITY-ST-ZIP	

CR2E037 (9/96)

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.

SIGNATURE: Peter Bongiovanni — 4/21/97