FILE NOW: FILING FEE IS \$61.25

FILED NONPROFIT ELORIDA DEPARTMENT OF STATE Jan 28 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (4)764096 SAILFISH MARINA CHARTER CAPTAINS' ASSOCIATION, I NC. Mailing Address Principal Place of Business 98 LAKE DR 3. Date incorporated or Qualified PALM BEACH SHORES FL 33404 PALM BEACH SHORES FL 33404 07/08/1982 4. FEI Number Applied For 59-2305705 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired Fee Required 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing **\$5.00** May Be Added to Fees Trust Fund Contribution 27 City & State City & State 7. Is this nonprofit corporation a homeowners association? ☐ Yes □ No 28 23 Country Zip Country Zìp 8. This corporation owes or has pald the current year Intangible ☐ Yes Personal Property Tax due June 30. 30 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 CHAUNCEY, HARRISON K Street Address (P.Ö. Box Number is Not Acceptable) PHILLIPS PT, STE 200 83 777 SOUTH FLAGLER DRIVE WEST PALM BEACH FL 33401 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.1 TITLE TITLE HASTINGS, FREDERICK S 1.2 NAME NAME 98 LAKE DRIVE 1.3 STREET ADDRESS STREET ADDRESS PALM BEACH SHORES FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 2.1 TITLE Change TITLE PD STROUD, GLENROY G 2.2 NAME NAME 2.3 STREET ADDRESS 98 LAKE DRIVE STREET ADDRESS PALM BCH SHORES FL 2. 4 CITY - ST - ZIP CITY-ST-ZIP ___ Addition Change DELETE 3.1 TITLE TITLE MURRAY, MARJORIE L 3.2 NAME NAME 98 LAKE DRIVE 3.3 STREET ADDRESS STREET ADDRESS PALM BEACH SHORES FL 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4,4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP COY-ST-ZIP Addition Change __ DELETE TITLE 6.1 TITLE

WG QUIRED MARJORIE LIMURAMY SIGNATURE

14. I 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

6.2 NAME

6.3 STREET ADDRESS

NAME

STREET ADDRESS CITY-ST-ZIP