2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000004278

FILED Mar 07, 2006 8:00 am Secretary of State

03-07-2006 90011 003 ****61.25

1. Entity Name KERZNER MARINE FOUNDATION, INC.												
1000 SOUTH PINE ISLAND RD., SUITE 800 100			ng Address 90 South Pine Island Rd., Suite 800 Intation, FL 33324			00	40022874					
2. Principal P	face of Business	3. Mailing Address						BI BIJU BOUB BOUNDI				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					01252006 (Chg-NP	CR2E037 (1	1/05)		
City & State	е	City & State					4. FEI Number 34 – 30	45752			olied For Applicable	
Zip	Country	Zip Co			ntry		5. Certificate of			75 Addi Required		
	6. Name and Address of Current R	egistere	d Agent		7. Name and Address of New Registered Agent							
AMERICAN INFORMATION SERVICES, INC.					Name							
ONE SE 31		Street Address			P.O. Box Number is	Not Acceptab	le)					
1010 (1011, 1 2	00101											
					City	FL Zip Code						
	named entity submits this statement for ions of registered agent.	the purpo	ose of changing its r	egistere	ed office or	r register	ed agent, or both, i	n the State of F	lorida. I am famili	ar with, a	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent ar	nd title if appl	icable. (NQTE:	Registere	d Agent signati	ture required	when reinstating)		DATE			
Filing Fee is \$61.25 9. Election Campaign					inancina		¢= 00 =		Make check pay	vahle to		
	Due by May 1, 2006		Trust Fund Co				\$5.00 May Be Added to Fees		orlda Departmen			
10.	OFFICERS AND DIRE	CTORS		11.			ADDITIONS/CHAN	GES TO OFFIC	ERS AND DIRECT	ORS IN	10	
TITLE			☐ Delete	TITLE		Pies	sident			Change	Addition	
NAME				NAM		How	ard Kar	awan	nd Rd: S	d- 8	(00	
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STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP							

12. I hereby certify that the information supplied with this filing 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 attacking with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TITLE

STREET ADDRESS

Treasurer

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

1/31/2006

(954) 809-3626

Daytime Phone #

☐ Change

■ Addition