

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 18, 2007 08:00 AM
Secretary of State

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1. Entity Name
SOUTH FLORIDA HUNTER SAILING ASSOCIATION, INC.



Principal Place of Business
705 HARBOUR POINT DRIVE
NORTH PALM BEACH, FL 33413-3416

Mailing Address
705 HARBOUR POINT DRIVE
NORTH PALM BEACH, FL 33413-3416



01162007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3615770

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DWYER, RICHARD
705 HARBOUR POINT DRIVE
NORTH PALM BEACH, FL 33413-3416

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IN THIS SPACE**

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 accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000582034
01/18/07-80046-010 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DWYER, RICHARD
705 HARBOUR POINT DRIVE
NORTH PALM BEACH, FL 334133416

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
MALONEY, PAUL
2311 NE 26TH ST.
LIGHTHOUSE POINT, FL 330648350

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
VAN BLOIS, JOHN
550 NE 14TH ST.
BOCA RATON, 33 432648350

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/16/2007 954 942 6943
Daytime Phone #