

# 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

DOCUMENT # N13132 (8)

1. Corporation Name

RIVER REACH YACHT AND SOCIAL CLUB, INC.



Principal Place of Business

Mailing Address

C/O COMMODORE  
1350 RIVER REACH DR APT. 410  
FORT LAUDERDALE FL 33315  
US

1350 RIVER REACH DR  
APT 410  
FORT LAUDERDALE FL 33315  
US

3. Date Incorporated or Qualified  
01/23/1986

3a. Date of Last Report  
07/10/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2656452

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

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HERNANDEZ, ALFONSO  
1000 RIVER REACH DRIVE  
APT 421  
FT LAUDERDALE FL 33315

81 Name

Ross, Willis

82 Street Address (P.O. Box Number is Not Acceptable)

1101 River Reach Dr, Apt 307

83

84 City

Ft. Lauderdale

FL

85 Zip Code

33315

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

Willis M. Ross

Willis M. Ross

5/1/96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HERNANDEZE, ALFONSO	
STREET ADDRESS	1000 RIVER REACH DRIVE #421	
CITY-ST-ZIP	FT. LAUDERDALE FL 33315	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	GUTIERREZ, FERNANDO	
STREET ADDRESS	900 RIVER REACH DR #518	
CITY-ST-ZIP	FT LAUDERDALE FL 33315	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	REED, MAGGIE	
STREET ADDRESS	1101 RIVER REACH DR APT 309	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BENEDICT, BILL	
STREET ADDRESS	1301 RIVER REACH DR APT 204	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	ROBERTSON, ALBERT	
STREET ADDRESS	1350 RIVER REACH DR APT 404	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.1 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	1.2 NAME	
1.3 STREET ADDRESS	1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	1.4 CITY-ST-ZIP	
2.1 TITLE	2.1 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	2.2 NAME	
2.3 STREET ADDRESS	2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	2.4 CITY-ST-ZIP	
3.1 TITLE	3.1 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	3.2 NAME	
3.3 STREET ADDRESS	3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	3.4 CITY-ST-ZIP	
4.1 TITLE	4.1 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	4.2 NAME	
4.3 STREET ADDRESS	4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	4.4 CITY-ST-ZIP	
5.1 TITLE	5.1 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	5.2 NAME	
5.3 STREET ADDRESS	5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	5.4 CITY-ST-ZIP	
6.1 TITLE	6.1 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	6.2 NAME	
6.3 STREET ADDRESS	6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	6.4 CITY-ST-ZIP	

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:

Willis Ross

5/1/96

954-832-9765

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)