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Feb 04 1998 8:00am

Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N23846** (1)
1. Corporation Name
WITHERNSEA LIGHTHOUSE TRUST (KAY KENDALL MEMORIA L), INC.

Principal Place of Business C/O DUFFY, MICHAEL L 321 ROYAL POINCIANA PLAZA PALM BEACH FL 33480 US	Mailing Address C/O DUFFY, MICHAEL L 321 ROYAL POINCIANA PLAZA PALM BEACH FL 33480 US
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3. Date Incorporated or Qualified
11/17/1987
4. FEI Number
65-0012502
Applied For
Not Applicable

2. Principal Place of Business 21 C/O STUART J. HAFT Suite, Apt. #, etc. 22 321 Royal Poinciana Plaza City & State 23 Palm Beach, FL Zip 24 33480	2a. Mailing Address 26 C/O Stuart J. Haft Suite, Apt. #, etc. 27 321 Royal Poinciana Plaza City & State 28 Palm Beach, FL Zip 29 33480 Country 30 USA
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DUFFY, MICHAEL L
321 ROYAL POINCIANA PLAZA
PALM BEACH FL 33480

10. Name and Address of New Registered Agent

81 Name STUART J. HAFT	82 Street Address (P.O. Box Number is Not Acceptable) 321 Royal Poinciana Plaza
83 FL	84 City Palm Beach
85 Zip Code 33480	

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 *S. Haft*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE
1/15/98

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> DELETE CAMPBELL, ROLLA D. JR. 257 DUNBAR RD PALM BCH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> DELETE CAMPBELL, KIM KENDALL 257 DUNBAR RD PALM BCH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> DELETE JONES, CATH (MRS) 240 QUEEN STREET ENGLAND HU 2NX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> DELETE DREWERY, PETER 6 LEE AVE. WITHERNSEA EN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> DELETE STANDLEY, JANET 4 S. VIEW WITHERNSEA EN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> DELETE DREWERY, JAMES, DREWERY 23 LASCELLES WITHERNSEA EN

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	STEPHEN PHILLIPS <input type="checkbox"/> Change <input type="checkbox"/> Addition CENTRAL GARAGE QUEEN ST ENGLAND
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

RECEIVED **RECEIVED** **RECEIVED**

CR2E037 (10/97)