

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 # N29170 (0)

1. Corporation Name

GOLD COAST CLIPPER DEVELOPERS  
GROUP, INC.

Principal Place of Business

Mailing Address

P O Box 810785

Same

Boca Raton, FL 33481-0785

3. Date Incorporated or Qualified

11-7-1988

3a. Date of Last Report

3-8-95

4. FEI Number

65-0091703

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt # etc

26 Suite, Apt # etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Archer, Howard  
6921 NW 4th Place  
Margate, FL 33063

81 Name

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

83

84 City

FL

85 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

Signature, typed or printed name of registered agent and State of Florida

(NOTE: Registered Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME Archer, Howard  
STREET ADDRESS 6921 NW 4th Pl  
CITY-STATE-ZIP Margate, FL

☒ DELETE

TITLE VD  
NAME Parks, Roy  
STREET ADDRESS 19266 Caroline Circle  
CITY-STATE-ZIP Boca Raton, FL 33434

☐ DELETE

TITLE TD  
NAME McKay, Tom  
STREET ADDRESS 430 NE 37 St  
CITY-STATE-ZIP Boca Raton, FL 33431

☐ DELETE

TITLE SD  
NAME Jones, Clayton  
STREET ADDRESS 2800 Georgian Ave, D-19  
CITY-STATE-ZIP W Palm Beach, FL 33405

☐ DELETE

TITLE D  
NAME Michalski, John  
STREET ADDRESS 8251 NW 67 Ave  
CITY-STATE-ZIP Tamarac, FL 33321

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

11 TITLE PD  
12 NAME Walden, Tom  
13 STREET ADDRESS 12960 SW 133 Ct  
14 CITY-STATE-ZIP Miami, FL 33186

☐ Change ☐ Addition

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-STATE-ZIP

☐ Change ☐ Addition

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-STATE-ZIP

☐ Change ☐ Addition

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-STATE-ZIP

☐ Change ☐ Addition

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-STATE-ZIP

☐ Change ☐ Addition

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-STATE-ZIP

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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)(b), 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: Thomas R McKay  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas R McKay 4-29-96

Date

407-395-8966  
Display Phone #

CR2E037 (12/95)