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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NONPROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N38388

(7)

1. Corporation Name

FRIENDS OF MACARTHUR BEACH STATE PARK, INC.

Principal Place of Business

Mailing Address

% WILLIAM J. HYLAND, JR.
10900 SR 703 (A-1-A)
N PALM BCH FL 33408-3440

% WILLIAM J. HYLAND, JR.
10900 SR 703 (A-1-A)
N PALM BCH FL 33408-3440

3. Date Incorporated or Qualified
05/31/1990

3a. Date of Last Report
02/05/1996

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

4. FEI Number

65-0196497

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HYLAND, WILLIAM J., JR.
10900 STATE ROAD 703 (A-1-A)
NORTH PALM BEACH FL 33408

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME PFLEGER, JOHN A
STREET ADDRESS 10900 ST. RD. 703 (A-1-A)
CITY-ST-ZIP NORTH PALM BEACH FL 33408

TITLE VD ☒ DELETE
NAME DYER, MICHAEL J
STREET ADDRESS 2000 PGA BLVD., SUITE 2202
CITY-ST-ZIP PALM BEACH GARDENS FL 33408

TITLE STD ☒ DELETE
NAME FILLIYAW, JOHN N
STREET ADDRESS 10900 ST. RD. 703 (A-1-A)
CITY-ST-ZIP NORTH PALM BEACH FL 33408

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME Leni L. Bane
1.3 STREET ADDRESS 1050 Grand Bahama
1.4 CITY-ST-ZIP Singer Island, FL 33404

2.1 TITLE VSD ☒ Change ☐ Addition
2.2 NAME Lynn M. Focht
2.3 STREET ADDRESS 4100 RCA Blvd., Suite 100
2.4 CITY-ST-ZIP Palm Beach Gardens, FL 33410

3.1 TITLE TD ☒ Change ☐ Addition
3.2 NAME John N. Fillyaw
3.3 STREET ADDRESS 10900 State Road 703 (A-1-A)
3.4 CITY-ST-ZIP North Palm Beach, FL 33408

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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:

John N. Fillyaw
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John N. Fillyaw

01/06/97

561/624-6950

Date

Daytime Phone # 0040695

CR2E037 (9/96)



Lawton Chiles
Governor

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Department of Environmental Protection

Marjory Stoneman Douglas Building
3900 Commonwealth Boulevard
Tallahassee, Florida 32399-3000

Virginia B. Wetherell
Secretary

January 31, 1997

Mr. David Mann, Director
Division of Corporations
Department of State
Post Office Box 6327
Tallahassee, FL 32314

Dear Mr. Mann;

This letter is to certify to you that the *Friends of MacArthur Beach State Park, Inc.* is a duly authorized citizen support organization which is under contract to provide support for the Division of Recreation and Parks in accordance with Section 258.015, F.S.

Sincerely,

Fran P. Mainella, CLP
Director
Division of Recreation and Parks

FPM/paw
Attachments

a:cert.ltr