## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

APPROVED

AND

98 MAR - 6 AM 9: 26

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #

1. Corporation Name

N38388

FRIENDS OF MACARTHUR BEACH STATE PARK, INC.

Pr	incipal Place of Busines	s	Mailing Address			T CONTROL DOES THE TANDEN THAT INSTITUTES AND A STOLE OF THE STOLE OF						
10	WILLIAM J. HYLAND, JR. 900 SR 703 (A-1-A) PALM BCH FL 33408-3440	)	% WILLIAM J. HYL 10900 SR 703 (A-1 N PALM BCH FL 3	-A)				Date Incorporated or Qualified 05/31/1990				
						4	FEI Number 65-0196497		Applied For Not Applicable			
2. 21	Principal Place of Bush	ness	2a. Mailing Addre	88			5	Certificate of Status Desired		75 Additional se Required		
22	Suite, Apt. #, etc.		Sulte, Apt. #, (	etc.			6.	Election Campalgn Financing Trust Fund Contribution		00 May Be led to Fees		
23	City & State		City & State			7. Is this nonprofit corporation a homeowners association?						
24	Zip	Country 25	Zip <b>29</b>	30 Co	untry		8.	This corporation owes or has paid the culture Personal Property Tax due June 30.	rrent yea	ar Intangible		
9. Name and Address of Current Registered Agent					<u>.                                    </u>		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 82 83	Name Street Addre	) 28(	P.O. Box Number is Not Acceptable)				
					1 1							

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

City

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 DIRECTO	RS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	IS IN 12							
TITLE	PD	XX DELETE	1.1 TITLE	PD XXX Change	☐ AddItion							
NAME	Bane, Leni L		1.2 NAME	FOCHT, LYNN M.								
STREET ADDRESS	1050 GRAND BAHAMA		1.3 STREET ADDRESS	4100 RCA BLVD., SUITE 100								
CITY-ST-ZIP	SINGER ISLAND FL 33404		1.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410								
TITLE	VSD	XIX DELETE	2.1 TITLE	VD XX Change	Addition							
NAME	FOCHT, LYNN M		2.2 NAME	OMURA, KITTY								
STREET ADDRESS	4100 RCA BLVD., SUITE 100		2.3 STREET ADDRESS	11911 U.S. HIGHWAY ONE, SUITE 207	'							
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410		2.4 CITY-ST-ZIP	NORTH PALM BEACH, FL 33408								
TITLE	TD	XX DELETE	3.1 TITLE	TD XX Change	Addillon							
NAME	FILLYAW, JOHN N		3.2 NAME	THOBURN, THEODORE								
STREET ADDRESS	10900 STATE ROAD 703 (A-1-A)		3.3 STREET ADDRESS	2401 PGA BLVD., SUITE 198								
CITY-ST-ZIP	NORHT PALM BEACH FL 33408		3.4. CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410								
TITLE		DELETE	4.1 TITLE	SD XX Change	Addition							
NAME			4. 2 NAME	MURRAY, ELIZABETH K.								
STREET ADDRESS			4.3 STREET ADDRESS	637 LAKESIDE DRIVE								
CITY-ST-ZIP			4.4 CITY-ST-ZIP	NORTH PALM BEACH, FL 33408								
TITLE		DELETÉ	5.1 TITLE	☐ Change	☐ Addition							
NAME			5.2 NAME									
STREET ADDRESS			5.3 STREET ADDRESS									
CITY-ST-ZIP			5.4 CITY - ST - ZIP									
TITLE		DELETE	6.1 TITLE	Kl316 198 Change	Addition							
NAME			6.2 NAME	A. A								
STREET ADDRESS			6.3 STREET ADDRESS									

CITY-ST-ZIP

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 of execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or an attendment with an adverse.

2/20/08

561 / 601-5037



## Department of Environmental Protection

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

Virginia B. Wetherell Secretary

March 3, 1998

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