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**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90030 046 \*\*\*\*61.25

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N38388**

1. Corporation Name

**FRIENDS OF MACARTHUR BEACH STATE PARK, INC.**

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 **10900 SR 703 (A-1-A)**

2a. Mailing Address

26 **Same as**

3. Date Incorporated or Qualified

**05/31/1990**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

27 **Place of Business**

4. FEI Number

**65-0196497**

Applied For

Not Applicable

City & State

23 **North Palm Beach Fl**

City & State

28

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

Zip

24 **33408**

Country

25 **USA**

Zip

29

Country

30

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name **Theodore G. Thoburn**  
82 Address **2401 PGA Boulevard**  
83 Suite **Suite 198**  
84 City **Palm Beach Gardens FL**  
85 Zip Code **33410**

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

*Theodore G. Thoburn*  
Signature, typed or printed name of registered agent and title if applicable.

**Theodore G. Thoburn, Treasurer 1/21/99**  
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE  
NAME **FOCHT, LYNN M**  
STREET ADDRESS **4100 RCA BLVD., SUITE 100**  
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE **VD** ☐ DELETE  
NAME **OMURA, KITTY**  
STREET ADDRESS **11911 U.S. HIGHWAY ONE, SUITE 207**  
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE **TD** ☐ DELETE  
NAME **THOBURN, THEODORE**  
STREET ADDRESS **2401 PGA BLVD., SUITE 198**  
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE **SD** ☐ DELETE  
NAME **MURRAY, ELIZABETH K**  
STREET ADDRESS **637 LAKESIDE DRIVE**  
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

*Theodore G. Thoburn*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/21/99 (813) 691-5914**

CR2E037 (1/98)