

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90202 026 ****61.25

DOCUMENT # N38388

1. Entity Name
FRIENDS OF MACARTHUR BEACH STATE PARK, INC.



Principal Place of Business
10900 SR 703 (A-1-A)
N PALM BCH, FL 33408

Mailing Address
10900 SR 703 (A-1-A)
N PALM BCH, FL 33408



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03242004 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0196497

Applied For
Not Applicabl

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOBURN, THEODORE
2401 PGA BLVD
STE 498
PALM BCH GARDENS, FL 33410

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE T ☐ Change ☒ Additio
NAME Debra McCloskey
STREET ADDRESS 2401 PGA Blvd, #198
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 S ☐ Change ☒ Additio
NAME Andrew Pinero
STREET ADDRESS 2401 PGA Blvd, #198
CITY-ST-ZIP Palm Beach Gardens, FL 33410

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

TITLE PD ☒ Change ☐ Additio
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☒ Delete
NAME FELL, DEBRA
STREET ADDRESS 130 FAITH WAY
CITY-ST-ZIP JUPITER, FL 33410

TITLE VD ☐ Change ☒ Additio
NAME Rebecca G Doane
STREET ADDRESS 2000 PGA Blvd, #4410
CITY-ST-ZIP North Palm Beach, FL 33408

TITLE AT ☐ Delete
NAME HOPKINS, MARY S
STREET ADDRESS 9121 N. MILITARY TRAIL, #222
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

TITLE ☐ Change ☐ Additio
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Additio
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mary S Hop
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #