

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2005 8:00 am
Secretary of State

02-22-2005 90029 023 ****61.25

DOCUMENT # N41399

1. Entity Name
THE FORT LAUDERDALE MARINERS CLUB, INC.



Principal Place of Business
**1300 S. E. 17TH STREET
SUITE 220
FORT LAUDERDALE, FL 33316 US**

Mailing Address
**P.O. BOX 21750
FT LAUDERDALE, FL 33335 US**

50017628



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02182005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
65-0286171

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**KATHLEEN, MCGOWAN
1151 NW 89 AVENUE
PLANTATION, FL 33322**

7. Name and Address of New Registered Agent

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, 2005**

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GLEASON, TOM	
STREET ADDRESS	400 SE 12TH ST.	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	GOULD, HENRY	
STREET ADDRESS	1820 SE 6TH ST.	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441	
TITLE	PURS	<input checked="" type="checkbox"/> Delete
NAME	MCGOWAN, KATHLEEN	
STREET ADDRESS	1151 NW 89 AVENUE	
CITY-ST-ZIP	PLANTATION, FL 33322	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GAMBACH, DAVID	
STREET ADDRESS	200 S. BISCAYNE BLVD., SUITE 300	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PURS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAMULA, MATTHEW R.	
STREET ADDRESS	9500 S. DADELAND BLVD., SUITE 710	
CITY-ST-ZIP	MIAMI, FL 33156	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MATTHEW R. KAMULA

2/14/05

954-465-9365