

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
 CORPORATION
 ANNUAL REPORT
 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **N93000000011 (7)**
 1. Corporation Name

UNITED STATES SAILING CENTER OF MARTIN COUNTY, I NC.



Principal Place of Business
**P.O. BOX 2871
 STUART FL 34995
 US**

Mailing Address
**P.O. BOX 2871
 STUART FL 34995
 US**

3. Date Incorporated or Qualified **12/17/1992** 3a. Date of Last Report **02/15/1995**

2. Principal Place of Business 2a. Mailing Address
 21 **3101 NE Causeway Rd** 26 **PO Box 1417**

Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

City & State City & State
 23 **Jensen Beach, FL** 28 **Jensen Beach, FL**

Zip Country Zip Country
 24 **34958** 25 **US** 29 **34958** 30 **US**

4. FEI Number **65-0377617** Applied For
 Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution **\$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
**BODEN, DAVID F
 1701 SE HILLMOOR DR #15
 PORT ST LUCIE FL 34952**

10. Name and Address of New Registered Agent
 81 Name **Campbell Rich**
 82 Street Address (P.O. Box Number is Not Acceptable) **100 SE Flamingo Ave**
 83
 84 City **STUART** FL 85 Zip Code **34996**

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]* **David F. Boden** 8/5/96
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when for a signature) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LE FORT, ROBERT SR	1.2 NAME	
STREET ADDRESS	3394 S.E. FAIRWAY EAST	1.3 STREET ADDRESS	
CITY - ST - ZIP	STUART FL 34997	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BODEN, DAVID	2.2 NAME	
STREET ADDRESS	784 S. WHISPER BAY DR.	2.3 STREET ADDRESS	
CITY - ST - ZIP	PALM CITY FL 34990	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LE FORT, ROBERT J JR	3.2 NAME	
STREET ADDRESS	183 S.E. WELLS DR.	3.3 STREET ADDRESS	
CITY - ST - ZIP	STUART FL 34996	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICH, CAMPBELL	4.2 NAME	Rich, Campbell
STREET ADDRESS	4626 SE PILOT AVE.	4.3 STREET ADDRESS	100 SE Flamingo Ave
CITY - ST - ZIP	STUART FL 34997	4.4 CITY - ST - ZIP	STUART, FL 34996
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOTT, LESTER	5.2 NAME	
STREET ADDRESS	1910 S.W. YORK LANE	5.3 STREET ADDRESS	
CITY - ST - ZIP	PALM CITY FL 34990	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANCE, JOHN	6.2 NAME	
STREET ADDRESS	3631 SE LEONARD LANE	6.3 STREET ADDRESS	
CITY - ST - ZIP	STUART FL	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *[Signature]* **Campbell Rich** 8/2/96 407 288 6460
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date/Time Phone #

CR2E037 (3/96)