

FILE NOW: FILING FEE IS \$61.25

FILED
May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000000011 (7)
1. Corporation Name
UNITED STATES SAILING CENTER OF MARTIN COUNTY, I NC.



Principal Place of Business 3101 NE CAUSEWAY RD. JENSEN BEACH FL 34958 US	Mailing Address PO BOX 1417 JENSEN BEACH FL 34958-1417 US
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3. Date Incorporated or Qualified 12/17/1992	3a. Date of Last Report 08/12/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc 26 City & State 27 Zip 28 Country
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4. FEI Number 65-0377617	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**CAMPBELL, RICH
100 SE FLAMINGO AVENUE
STUART FL 34996**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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]* DATE: **8/28/97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 checked="" 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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, RICH	4.2 NAME	
STREET ADDRESS	100 SE FLAMINGO AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANCE, JOHN	5.2 NAME	
STREET ADDRESS	3831 SE LEONARD LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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]* DATE: **9/25/97** DAYTIME PHONE # **561 334 8085**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)