


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90039 032 ****61.25

0074754

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N93000000011

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 US
--	---



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/17/1992
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0377617
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	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

9. Name and Address of Current Registered Agent

CAMPELL, RICH
100 SE FLAMINGO AVENUE
STUART FL 34996

10. Name and Address of New Registered Agent

81 Name	Robert J. LeFort, Sr.
82 Street Address (P.O. Box Number is Not Acceptable)	
83	3394 SE Fairway East
84 City	Stuart
85	FL
Zip Code	34997

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: *Robert J. LeFort Sr* **ROBERT J. LEFORT, SR.** **4/21/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	LE FORT, ROBERT SR
STREET ADDRESS	3394 S.E. FAIRWAY EAST
CITY-ST-ZIP	STUART FL 34997
TITLE	D <input type="checkbox"/> DELETE
NAME	LE FORT, ROBERT J JR
STREET ADDRESS	183 S.E. WELLS DR.
CITY-ST-ZIP	STUART FL 34996
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	CAMPBELL, RICH
STREET ADDRESS	100 SE FLAMINGO AVENUE
CITY-ST-ZIP	STUART FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	VANCE, JOHN
STREET ADDRESS	3631 SE LEONARD LANE
CITY-ST-ZIP	STUART FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	D/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JULIE GIBSON
3.3 STREET ADDRESS	134 SOUTH RIVER ROAD
3.4 CITY-ST-ZIP	SEWALL'S POINT, FL 34991
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert J. LeFort Sr* **ROBERT J LEFORT SR** **4/21/99** **334 8035**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)