FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998

DOCUMENT #



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

N93000003709 (3)

SUGARLOAF DOLPHIN SANCTUARY, INC.

FILED Jan 29 1998 8:00am Secretary of State

Principal Place of Business Mailing Address					1	20015101 117 11108 12715 1011 1011 1015 1055	ee iee (1446 43	001 60 11 0 1013 1001	
SUGARLOAF LODGE MM 17 SUGARLOAF KEY FL 33044 US	SUGARLOAF LODGE MM 17 SUGARLOAF KEY FL 33044 US	4				Date Incorporated or Qualified 08/01/1993 FEI Number		Applied For	
2. Principal Place of Business	2a. Mailing Address					65-0447425		Not Applicable	
21	2a. Mailing Address 26				5.	Certificate of Status Desired	7	75 Additional e Required	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						Election Campaign Financing Trust Fund Contribution		00 May Be ed to Fees	
City & State	City & State			7. Is this nonprofit corporation a homeowners association?					
Zip Country 25	Zlp 29	Coun	itry			This corporation owes or has paid the o Personal Property Tax due June 30.	urrent yea	r Intangible No	
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
GOOD, LLOYD A III M.M. 17 U.S. HIGHWAY #1			_	Name Street Addres	ss (P.O. Box Number is Not Acceptable)				
SUGARLOAF LODGE		1	33						
SUGARLOAF KEY FL 33044									
			34	City		F	L 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, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELETE TITLE 1.1 TITLE ☐ Change GOOD, LLOYD A III NAME 1.2 NAME SUGARLOAF LODGE / MM17 STREET ADDRESS 1.3 STREET ADDRESS SUGARLOAF KEY FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE GOOD, JOHN B NAME 2.2 NAME STREET ADDRESS SUGARLOAF LODGE, MM17 2.3 STREET ADDRESS SUGARLOAF KEY FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE DUNCAN, CAHTERINE NAME 3.2 NAME SUGARLOAF LODGE, MM17 STREET ADDRESS 3.3 STREET ADDRESS SUGARLOAF KEY FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE ☐ Change ☐ Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ■ DELETE TITLE 5.1 TITLE ☐ Change Addition 5.2 NAME STREET ADDRESS 5.3 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 12 or Block 13 if changed, or on an attachment with an address.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE 6.2 NAME

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

Lloy LA BOX A TEQUELEO TO A. GOOD II Jan 20, 1998

CR2E037 (10/97)

Change

Addition