## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # N9400005923 (7)

1. Corporation Name

THE INTERNATIONAL SAILING CENTER ASSOCIATION, IN C.

Principal Place of Business Mailino Address										- <u> </u>				
	порагнасе с	or Business	i	Ma	ailing Address						***** ***** <b>**</b> *** <b>**</b> *** <b>*</b>			• M <b>444 I</b> PH <b>184</b> 1
104300 OVERSEAS HWY STE 1					P OBOX 2060 KEY LARGO FL 33037									
KEY LARGO FL 33037					US					3 Data bassassass	and an Overlift and			<u> </u>
	IS									3. Date Incorpora 12/01/19		3a. Date of 06/	Last 09/1	
2. 21	Principal Plac	e of Busin	ess		. Mailing Address					4. FEI Number APPLIEI	D EOD		<del></del>	Applied For
	Suite, Apt. #,	etc		26	Suite, Apt. #, etc					AFFLIE	U FUR		-	Not Applicable
22	22			27	27					5. Certificate of St	tatus Desired	\$		Additional Required
$\vdash$	City & State				City & State					6. Election Campa				D May Be
23	7 <sub>1</sub> p				Zip Country					Trust Fund Cor				to Fees
24		├── <b>┐</b> ′			29 30				8. This corporation Florida Statutes		angible tax an Yes No	der s.	199.032,	
		9. Name	and Address of Curr		tered Agent		<del>'                                    </del>		···	10. Name and Ad			nt .	
							81		Name					
MCDONALD, JAMES W JR.							82	-	Street Ad	dress (P.O. Box Number	is Not Acceptable			
COMMUNITY PLAZA, SUITE 306								-				<del></del>		
15600 SOUTHWEST 288TH STREET HOMESTEAD FL 33033														
	TOMESTE	-AD 1 E 3	3033				84	Γ	City			FL 85	Zip	Code
11	. Pursuant to	the provis	ons of Sections 617.05	02 and 61	7.1508, Florida St	tatutes, th	e above-	na	amed corp	oration submits this state	ement for the purpo		gitsre	egistered office
	Or registered	adgent, or	potn, in the State of Fi pt the obligations of, Se	onda. Such	i change was autr	norizea bi	the corp	or	ration's bo	oration southlis this state oard of directors. I hereby	accept the appoir	ntment as regis	tered	agent. I am
SIG	SNATURE													
		gnature, typod	or printed name of registered ag			(NOTE Re		nt s	signature requ	red when reinstating)		DATE		
12		DD	OFFICERS A	AND DIREC			13.			ADDITIONS/CH	IANGES TO OFFIC			
TITL		PD	DICHARD II		DELETE		1.1 TITLE					□ Ch	ange	Addition
NAM	- I		RICHARD H ITING DRIVE				1.2 NAME							
	EFT ADDRESS						1.3 STREET							
TITL	(-\$1-Z)P	VPD	RGO FL 33037		DELETE		1.4 CITY - S	ST -	- ZIP			<b>-</b>		
NAN			WILLIAM R		Doctric		21 TITLE					☐ Ch	ange	Addition
	EET ADDRESS	_	UTH RUBY DRIVE				22 NAME		pporco					
	r-ST-ZIP		RGO FL 33037				2 3 STREET 2 4 City-:							
TITL		STD	1100 12 00001		DELETE		31 THLE	<u> </u>	- 231				anne	Addition
NAM	ME .		MARY A		_	i	3 2 NAME						ungu	
ŞTRI	FET ADDRESS		TING DRIVE				3.3 STREET	I AÍ	DDRESS					
CITY	r-ST-ZIP	KEY LA	RGO FL 33037				3.4. CITY-1		1					
ΤΙΤL	E				DELETE		4.1 TITLE	_	1			Ch	ange	☐ Addition
NAN	ne						4. 2 NAME							
SIR	EET ADDRESS						4.3 STREET	Αſ	DDRESS					
	r - ST - ZIP						4.4 CITY - S	ST-	ZIP					
TITE	E				DELETE		5.1 TITLE					Ch.	ange	☐ Addition
NAN							5.2 NAME							
STR	EET ADDRESS						5.3 STAEET	A(	DDRESS					
	(-ST-ZIP						5.4 CITY-S	ST -	ZIP					· · <u> · · · · · · · · · · · · · · · ·</u>
TITL					DOELETE		6.1 TITLE					☐ Ch	ange	☐ Addition
NAN							6.2 NAME							
	EET ADORESS						6.3 STREET							
	I do hereby	certify that	the information evention	d with this	filing is valuated.	hynishes	6.4 CITY-S	31-	ZIP	for the guestian at it	dia Dantis i dan Sa	2004 S C		
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 furnished 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 path; that I am an officer or director of the corporation or truefee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my nappears in Block 12 or Block 13 if changed, or on an attackment with any address.													mada undar	
	appears in E	ani an offic Block 12 o	er or director of the cor Block 13 if changed, o	poration or or on an att	the receiver or tracking and	address.	powered	10	execute ti	nis report as required by	Chapter 617, Flori	da Statutes; ar	nd tha	t my name

SIGNATURE:

GNATHE AND THEE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/96 (305) 451-3287

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CR2E037 (12/95)