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Jan 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000005425 (2)**

1. Corporation Name

GOLDEN HARBOUR YACHT CLUB, INC.



Principal Place of Business	Mailing Address
21767 HIGH PINE TRAIL BOCA RATON FL 33428	21767 HIGH PINE TRAIL BOCA RATON FL 33428 US

5899 VISTA LINDA LANE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 BOCA RATON, FL	27 City & State
23 City & State	28 City & State
24 Zip 33433	25 Country USA
29 Zip	30 Country

3. Date Incorporated or Qualified

11/15/1995

4. FEI Number

65-0147432

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DUDLEY, EVERETT H JR
21767 HIGH PINE TRAIL
BOCA RATON FL 33428

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	STAUDT, JOHNE	
STREET ADDRESS	5899 VISTA LINDA LANE	
CITY-ST-ZIP	BOCA RATON FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DUDLEY, EVERETT H JR	
STREET ADDRESS	21767 HIGH PINE TRL	
CITY-ST-ZIP	BOCA RATON FL 33428	

TITLE	D	<input type="checkbox"/> DELETE
NAME	AUSTIN, RICHARD C	
STREET ADDRESS	899 FORSYTH ST	
CITY-ST-ZIP	BOCA RATON FL 33487	

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	RAFTER, VIRGINIA	
STREET ADDRESS	875 CAMINO REAL APT 1D	
CITY-ST-ZIP	BOCA RATON FL 33432	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	BLANK, BETTY	
STREET ADDRESS	840 ENFIELD ST	
CITY-ST-ZIP	BOCA RATON FL 33487	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D RICHARD JACOBI
2.3 STREET ADDRESS	11786 N. LAKE DR.
2.4 CITY-ST-ZIP	BOCA RATON BEACH, FL 33436

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D EMOGENE TODD
4.3 STREET ADDRESS	11826 N. LAKE DR.
4.4 CITY-ST-ZIP	BOCA RATON BEACH, FL 33436

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)(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. **BETTY M. BLANK**

SIGNATURE: **Betty M. Blank** SIGNATURE REQUIRED

1/15/98

561-997-7999

CR2E037 (10/97)