1999 DOCUMENT # N96000 THE BOAT CLUB HOM VILLA DANIELLE Howard Flactor of Business 4400 Bayon Blub #40 PONSA OLA FLA 32503		VC AT	99 SEP 30 PM 3: 09 SECRETARY OF STATI TALLAMASSEE, FLORE  05 05 99 90115 0  DO NOT WRITE IN THI  3. Date Incorporated by Qualified	BA a8 61.25
2 Principal Place of Business 21	2a. Mailing Address		4. FEI Number 59 -358 3374	Applied For Not Applicable
SubjApt# etc	Suite, Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required
2	27	Country	Election Campaign Financing     Trust Fund Contribution     This corporation owes the current year In	\$5.00 May Be Added to Fees
24 25 9. Name and Address of Curre	29 30	ı	Personal Property Tax	[]Yes []No
FERNANDO CARUAIA	,	81 Name	10. Name and Address of New Registered	Agent
7/0/ KNO//WADD		B2 Street Addre	ess (P.O. Box Number is Not Acceptable)	
	D <b>T</b>	83		
NAVAARE, Fla		L		and the second second
7.702		84 City	FI	85 Zip Code
ages CT and familiar with, and accept the oblig SIGNATURE [Signative type for protest name of registered age	ations of, Section 607,0505, Florida oit aid title if applicable (NOTE Region) ND DIRECTORS [   DELETE		when reinstating)  DATE ADDITIONS/CHANGES TO OFFICERS A	
SHERI SARASUA  4400 BAYOU Blub  PENSA WA FLA	[   DELETE	21 TITLE 22 NAME 23 STREE LADDRESS 2 4 CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	[ Change [ Addition
- 1- <b>/)</b>	[ ] DETE IF	31 TITLE	***	[   Change   [   Addition
DON C. PAED 3216 WINDMIN CANTONNAL F	6 32533 [IDELETE	32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 4.1 TILLE 4.2 NAME 4.3 STREEL ADDRESS		[   Change   [   Addition
en (1 a Car gar seget <b>a</b> rego	[   DELETE "	4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADORESS		[_ Change [_ Addition]
(1) \$1.70 (0.6) (2) (2) (1) (1) (1) (1) (1) (1)	[   DELETE	5 4 CITY - ST- ZIP 6 1 TITLE 6 2 NAME 6 3 STREET ADDRESS		[ ] Change [ ] Addition
5 1 5 1 7 5 1 7 5 1 5 1 5 1 5 1 5 1 5 1		64 CITY-ST-ZIP		KE
14 Thereby certify that the information supplied windicated on this annual report or suppliented fractions or director of the corporation or the feet Block 12 or Block 13 if changed, or on available.	ith this filing does not qualify for the I annual report is true and accurate siver or trustee empowered to execu- chings with an address, with all other	exemption stated in Se and that my signature s ite this report as require er like empowered.	ection 119.07(3)(i), Florida Statutes. I further ce shall have the same legal effect as if made und ed by Chapter 607, Florida Statutes; and that n	rtify that the information ler oath; that I am an ny name appears in

DARRE// GOODEN Date 9/12/97

150 476-676

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FLORIDA DEPARTMENT OF STATE

Secretary of State

Katherine Harris

FILED

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT

CORPORATION

ANNUAL REPORT