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Jul 23 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 # **N96000002657 (2)**

1. Corporation Name

SAILING FOUNDATION OF THE PALM BEACHES, INC.



Principal Place of Business 4600 POINSETTIA AVENUE WEST PALM BEACH FL 33407	Mailing Address 4600 POINSETTIA AVENUE WEST PALM BEACH FL 33407
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 P.O. Box 14594 26 Suite, Apt. #, etc. 27 City & State 28 NORTH PALM BCH, FL 29 Zip 30 33408 31 Country 32 USA
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3. Date Incorporated or Qualified 05/17/1996	
4. FEI Number 65-0681760	Applied For <input type="checkbox"/> Not Applicable
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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent GODDARD, NED 4600 POINSETTIA AVENUE WEST PALM BEACH FL 33407
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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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	HOUGH, JOHN H
STREET ADDRESS	C/O 4600 POINSETTIA AVENUE
CITY-ST-ZIP	WEST PALM BEACH FL 33407
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	HOUGH, JOHN H
STREET ADDRESS	C/O 4600 POINSETTIA AVENUE
CITY-ST-ZIP	WEST PALM BEACH FL 33407
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	MACDONALD, HARRY
STREET ADDRESS	C/O 4600 POINSETTIA AVENUE
CITY-ST-ZIP	WEST PALM BEACH FL 33407
TITLE	TD <input type="checkbox"/> DELETE
NAME	HINCKLEY, EDWARD
STREET ADDRESS	C/O 4600 POINSETTIA AVENUE
CITY-ST-ZIP	WEST PALM BEACH FL 33407
TITLE	D <input type="checkbox"/> DELETE
NAME	CLEMENS, DON
STREET ADDRESS	12057 174TH COURT NORTH
CITY-ST-ZIP	JUPITER FL 33478-5248
TITLE	D <input type="checkbox"/> DELETE
NAME	FRANKLIN, AL
STREET ADDRESS	323 AZALEA ST
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410-4804

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	NED GODDARD
1.3 STREET ADDRESS	3216 NORTH FLAGLER DR
1.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33407
2.1 TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JOHN H HOUGH
2.3 STREET ADDRESS	2ALWICK ROAD
2.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
3.1 TITLE	SEC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MICHELE ROYAL
3.3 STREET ADDRESS	277 PENDELTON AVE
3.4 CITY-ST-ZIP	PALM BEACH, FL 33480
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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 7/19/98 \$61-274-1987

CR2E037 (10/97)