

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000000925 (4)**

1. Corporation Name

VILLAGE BY THE SEA RECREATIONAL MANAGEMENT COUNCIL, INC.



Principal Place of Business 1967 SOUTH OCEAN BOULEVARD, 309 B POMPANO BEACH FL 33062	Mailing Address 1967 SOUTH OCEAN BOULEVARD, 309 B POMPANO BEACH FL 33062
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3. Date Incorporated or Qualified 02/19/1997
4. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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 PROCTON, LLOYD W ESQ. 400 S.E. 18TH STREET FORT LAUDERDALE FL 33316	10. Name and Address of New Registered Agent 81 Name FOLTZ, RICHARD 82 Street Address (P.O. Box Number is Not Acceptable) 1467 SO OCEAN BLVD 83 POMPANO BEACH FLA 84 City POMPANO BEACH FL 85 Zip Code 33062
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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 *Richard Foltz*
Signature (typed or printed name of registered agent) Title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD FOLTZ, RICHARD 1967 SOUTH OCEAN BOULEVARD, #103 POMPANO BEACH FL 33062 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD DIETERS, BIRK I 1967 SOUTH OCEAN BOULEVARD, #422 POMPANO BEACH FL 33062 <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLACK, ROBERT 1967 SOUTH OCEAN BOULEVARD, #418 POMPANO BEACH FL 33062 <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U.S. PD REARDON, Daniel J 1967 So Ocean Blvd Pompoma Bch, FL 33062
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition WALTER, Audrey 1967 So Ocean Blvd Pompoma Bch, FL 33062
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 12/24
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition DEP \$61.25

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 *Richard Foltz*

CR2E037 (10/97)