

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90022 048 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N97000000925

1. Corporation Name

VILLAGE BY THE SEA RECREATIONAL MANAGEMENT COUNCIL, INC.


561449 - 90087 - 16

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


2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	02/19/1997
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	NOT APPLICABLE
24 Country	29 Country	5. Certificate of Status Desired
		☐ \$8.75 Additional Fee Required
		6. Election Campaign Financing
		☐ \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

FOLTZ, RICHARD
1967 SOUTH OCEAN BOULEVARD
POMPANO BEACH FL 33062

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	☐ Change ☐ Addition
NAME	FOLTZ, RICHARD	1.2 NAME	
STREET ADDRESS	1967 SOUTH OCEAN BOULEVARD, #103	1.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33062	1.4 CITY-ST-ZIP	
TITLE	VPSD	2.1 TITLE	☐ Change ☐ Addition
NAME	REARDON, DANIEL J	2.2 NAME	
STREET ADDRESS	1967 S OCEAN BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33062	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	AUDREY, WALTER	3.2 NAME	
STREET ADDRESS	1967 SO OCEAN BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33062	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *Richard Foltz* **RE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99 783-4747
 Date Daytime Phone

CR2E037 (1/98)