~~FILE NOW: FILING FEE AFTER MAY 1 IS $550.00~~ 61.25

Not for PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 MAY -8 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000002441 (9)

1. Corporation Name
SUN HARBOR YACHT CLUB, INC.

Principal Place of Business	Mailing Address
2641 NE 15TH STREET P.O. BOX 1751 POMPANO BEACH FL 33061	2641 NE 15TH STREET P.O. BOX 1751 POMPANO BEACH FL 33061-1751

3. Date Incorporated or Qualified: 07/11/1996
3a. Date of Last Report: N/A

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: 65-0683254 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LINDQUIST, JOHN H
2641 NE 15TH STREET
POMPANO BEACH FL 33061

10. Name and Address of New Registered Agent

81 Name: Marian A. Lindquist Esq.
82 Street Address (P.O. Box Number is Not Acceptable): 1975 E Sunrise Blvd 625 A
83
84 City: Ft Lauderdale FL 85 Zip Code: 33304

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 and am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Marian A. Lindquist, Registered Agent — 4/30/97
Signature, type 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP FERRETTI, COSIMO 2731 NE 15 STREET POMPANO BEACH FL 33062 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition 500002172425--2 -05/09/97--01003--017 *****61.25 *****61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV TOLOMEO, HARRY 2795 NE 15 STREET POMPANO BEACH FL 33062 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ENZWEILER, NORBERT 2801 NE 15 STREET POMPANO BEACH FL 33062 ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT LINDQUIST, JOHN 2753 NE 15 STREET POMPANO BEACH FL 33062 ☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS KAVANAUGH, MICHAEL 2783 NE 15 STREET POMPANO BEACH FL 33062 ☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	DMC 5.8.97 ☐ Change ☐ Addition

FILED
97 MAY -8 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E034 (9/96)

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] [signature] 954 524 9032
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #