NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N9700002441

1. Corporation Name

SUN HARBOR YACHT CLUB, INC.

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

2. Principal Place of Business

Suite, Apt. #, etc.

22

Mailing Address

2641 NE 15TH STREET P.O. BOX 1751

2a. Mailing Address

Suite, Apt. #, etc.

26

27

POMPANO BEACH FL 33061

## FILED May 11, 1999 8:00 am Secretary of State

05-11-1999 90029 028 \*\*\*\*61.25

544/60 -	90029 - 2	Z۲

Applied For

Not Applicable

3. Date Incorporated or Qualifed

04/11/1996

65-0683254

4. FEI Number

City & Stat	e	City & State			5. Certifcate of Status Desired		•	-	ditional		
23		28						e Req			
Zip	Country		Zip Country			6. Election Campaign Financing			lay Be		
24	25	29 30			Trust Fund Contribution Added to Fees						
	Name and Address of Current F	0.4	10. Name and Address of New Registered Agent								
			81	Name							
LINDQUIS	t, marian a		82	82 Street Address (P.O. Box Number is Not Acceptable)							
	JNRISE BLVD #625A										
FT. LAUDE	ERDALE FL 33304	83	83								
				City	85 Zip C				ode		
			84	•		<u>FL</u>					
- Coffice or n	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligatio	Florida, Such change was auth	nonzed by	tne corporati	poration submits this statement for the points board of directors. I hereby accept	ourpose of o the appoin	changir tment :	ig its regi	egistered · · ·		
SIGNATURE		MOTE: P	noistared Agen	t eigneture requir	ed when reinstating)	DATE			\		
12.	Signature, typed or printed name of registered agent a OFFICERS AND		13.	r adian	ADDITIONS/CHANGES TO OFF		D DIRE	CTOR	S IN 12		
TITLE	PD	DELETE	1.1 TITLE				☐ Cha	ange	Addition		
NAME	FERRETTI, COSIMO		1.2 NAME	-					1		
STREET ADDRESS	2731 NE 15TH STREET		1.3 STREET	ADDRESS							
CITY-ST-ZIP				r-ZIP							
TITLE	DV DELETE		2.1 TITLE				Cha	inge	Addition		
NAME	TOLOMEO, HARRY		2.2 NAME	1					}		
STREET ADORESS	2731 NE 15TH STREET		2.3 STREET	ADDRESS							
CITY-ST-ZIP	POMPANO BEACH FL 33062		2. 4 CITY-S	T-ZIP							
TITLE	D	☐ DELETE	3.1 TITLE				Cha	ange	☐ Addition		
NAME	ENZWEILER, NORBERT		3.2 NAME								
STREET ADDRESS	2801 NE 15 STREET		3.3 STREET	ADDRESS							
CITY-ST-ZIP	POMPANO BEACH FL 33062		3.4. CITY-S	T-ZIP							
TITLE	DT	☐ DELETE	4.1 TITLE				Cha	ange	Addition		
NAME	LINDQUEST, JOHN		4. 2 NAME								
STREET ADDRESS	2753 NE 15 STREET		4.3 STREET	ADORESS							
CITY-ST-ZIP	POMPANO BEACH FL 33062	_	4.4 CITY-S	T-ZIP							
TITLE	D	☐ DELETE	5.1 TITLE				Cha	ange	Addition		
NAME	LARUE, DEAN		5.2 NAME						ļ		
STREET ADDRESS	ARRA ME ACTIL ATREET		5.3 STREET	ADDRESS					)		
CITY-ST-ZIP	POMPANO BEACH FL 33062		5.4 CITY-S	r-ZIP							
TITLE	D	☐ DELETE	6.1 TITLE				☐ Chi	ange	☐ Addition		
NAME	DENBLEYKER, HAROLD		6.2 NAME								
STREET ADDRESS	2535 NE 15TH ST.		6.3 STREET	ADDRESS							
CITY-ST-ZIP	POMPANO BEACH FL 33062		6.4 CITY-S								
14. I hereby	certify that the information supplied with	this filing does not qualify for the	ne exempti	on stated in	Section 119.07(3)(i), Florida Statutes. I	further cert	ify that	the inf	formation		

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 ontrustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in iment with an address, with all other like empowered. indicated on this annual report or supplement officer or director of the corporation or the Block 12 or Block 13 if changed or on an

SIGNATURE:

26/99 954-722-5067