

02099-999-90035-009 \$150.00-\$150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 09, 1999 8:00 am
Secretary of State

02-09-1999 90035 009 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000022542

1. Corporation Name
CLUB FITNESS OF LIGHTHOUSE POINT, INC.

Principal Place of Business
5000 NORTH FEDERAL HWY.
LIGHTHOUSE POINT FL 33064

Mailing Address
5000 NORTH FEDERAL HWY.
LIGHTHOUSE POINT FL 33064

DO NOT WRITE IN THIS SPACE

2. Date Incorporated or Qualified 03/09/1998		Applied For ☐ Not Applicable
4. FEI Number 65-0576403		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 owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CASTAGNOLI, KEN
5000 NORTH FEDERAL HWY.
LIGHTHOUSE POINT FL 33064

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

I, 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. I am familiar with, and accept the obligations of, Section 607.0506, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE D NAME CASTAGNOLI, KEN STREET ADDRESS 5000 NORTH FEDERAL HWY. CITY-ST-ZIP LIGHTHOUSE POINT FL 33064	☐ DELETE
12.2 TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE
12.3 TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE
12.4 TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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 607, 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: Kenneth Castagnoli Kenneth Castagnoli 1-19-99 951-426-8787
 Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (11/98)