FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 JUN 14 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100001515751
-06/16/95--01083--021
****225.00 ****225.00

DOCUMENT # **V07586** **(3)**

1. Corporation Name
SEAMERICA BOAT CLUB, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
6400 N. ANDREWS AVE PARK PLAZA SUITE 200 FT. LAUDERDALE FL 33309 US	6400 N ANDREWS AVE. PARK PLAZA SUITE 200 FT. LAUDERDALE FL 33309 US

3. Date Incorporated or Qualified: 01/17/1992
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: 65-0307216 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22 / 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State — 23 / 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip — 24 / 29 — Country — 25 / 30
8. *The corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BOOTH, RICHARD C
3845 KILLEARN COURT
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name: Richard C Booth
82 Street Address (P.O. Box Number is Not Acceptable): 1503 Proctor Street
83
84 City: Tallahassee FL 85 Zip Code: 32303

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: 6/12/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when executing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☒ Change ☐ Addition
NAME	MULLER, RALPH	12 NAME		
STREET ADDRESS	5929 NORTH OCEAN BLVD	13 STREET ADDRESS	6400 N. andrews ave. #200	
CITY-ST-ZIP	OCEAN RIDGE FL	14 CITY-ST-ZIP	Ft. Lauderdale, FL 33309	
TITLE	VD	21 TITLE		☒ Change ☐ Addition
NAME	MULLER, ALICE	22 NAME		
STREET ADDRESS	5929 NORTH OCEAN BLVD.	23 STREET ADDRESS	6400 N. andrews ave. #200	
CITY-ST-ZIP	OCEAN RIDGE FL	24 CITY-ST-ZIP	Ft. Lauderdale, FL 33309	
TITLE	STD	31 TITLE		☐ Change ☐ Addition
NAME	SHEEHAN, KEVIN	32 NAME		
STREET ADDRESS	6400 N. ANDREWS AVE.	33 STREET ADDRESS	~~6400 N. andrews ave #200~~	
CITY-ST-ZIP	FT. LAUDERDALE FL	34 CITY-ST-ZIP	~~Ft. Lauderdale, FL 33309~~	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ 6/8/95 305-351-8500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0216416 CP