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Mar 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **705729** (2)

1. Corporation Name

MIAMI YACHT CLUB, INC.

Principal Place of Business

**1001 MACARTHUR CAUSEWAY
MIAMI FL 33132**

Mailing Address

**1001 MACARTHUR CAUSEWAY
MIAMI FL 33132**



3. Date Incorporated or Qualified **06/07/1963** 3a. Date of Last Report **08/12/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JORDAN, JAMES M
1001 MACARTHUR CSWY
MIAMI FL 33132**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 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	JORDAN, JAMES M	<input checked="" type="checkbox"/> DELETE
NAME	1001 MACARTHUR CSWY	
STREET ADDRESS	MIAMI FL	
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	QUICK, DAVID	
STREET ADDRESS	1001 MACARTHUR CSWY	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	JORDAN, GAIL	
STREET ADDRESS	1001 MACARTHUR	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	TONER, JUDITH	
STREET ADDRESS	1001 MACARTHUR ESWY	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JORDAN JAMES M	
1.3 STREET ADDRESS	1001 MACARTHUR CSWY	
1.4 CITY-ST-ZIP		
2.1 TITLE	ND	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	NICK ANGELO	
2.3 STREET ADDRESS	1001 MACARTHUR CSWY	
2.4 CITY-ST-ZIP	MIAMI FL	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	JS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JOHN LETKOWSKI	
4.3 STREET ADDRESS	1001 MACARTHUR CSWY	
4.4 CITY-ST-ZIP	MIAMI FL	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0078346**

CR2E037 (9/96)