

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 716219 (1)

1. Corporation Name
BISCAYNE BAY YACHT CLUB



Principal Place of Business: 2540 SOUTH BAYSHORE DR MIAMI FL 33133 US
Mailing Address: 2540 SOUTH BAYSHORE DR MIAMI FL 33133 US

3. Date incorporated or Qualified: 03/18/1969
3a. Date of Last Report: 01/30/1995
4. FEI Number: 59-0165090
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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
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9. Name and Address of Current Registered Agent
**RYDER, JR. RALPH B
2540 S BAYSHORE DR
MIAMI FL 33133**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DV NAME: MUNROE, CHARLES P STREET ADDRESS: 7641 SW 53 AVE CITY-ST-ZIP: MIAMI FL 33143	<input type="checkbox"/> DELETE	1.1 TITLE: DP 1.2 NAME: 1.3 STREET ADDRESS: 1.4 CITY-ST-ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DV NAME: KLINE, CHARLES STREET ADDRESS: 8421 PONCE DELEON ROAD CITY-ST-ZIP: MIAMI FL	<input type="checkbox"/> DELETE	2.1 TITLE: 2.2 NAME: 2.3 STREET ADDRESS: 2.4 CITY-ST-ZIP: 33143	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: GARDNER, DONALD F. JR. STREET ADDRESS: 5451 SW 85TH ST. CITY-ST-ZIP: MIAMI FL 33143	<input type="checkbox"/> DELETE	3.1 TITLE: 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DP NAME: HOBBS, JAME C STREET ADDRESS: 4384 INGRAHAM HWY CITY-ST-ZIP: COCONUT GROVE FL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE: DV 4.2 NAME: EDHUND T. HENRY III 4.3 STREET ADDRESS: 1836 ESPANOLA DRIVE 4.4 CITY-ST-ZIP: COCONUT GROVE, FL 33133	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: RYDER, RALPH B. STREET ADDRESS: 3101 SW 22 AVE CITY-ST-ZIP: COCONUT GROVE FL 33133	<input type="checkbox"/> DELETE	5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE	6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(k), 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 on an attachment with an address.

SIGNATURE: Donald Gardner, Jr. DONALD GARDNER, JR. 1/27/96 305-858-6303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)