

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 24 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 716219 (1)**

1. Corporation Name  
**BISCAYNE BAY YACHT CLUB**

Principal Place of Business		Mailing Address	
2540 SOUTH BAYSHORE DR MIAMI FL 33133 US		2540 SOUTH BAYSHORE DR MIAMI FL 33133 US	
21	2. Principal Place of Business	26	2a. Mailing Address
	Suite, Apt. #, etc.		Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	Country

3. Date Incorporated or Qualified  
**03/18/1969**

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**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No



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  
**Hector, Robert C., Jr.**

82 Street Address (P.O. Box Number is Not Acceptable)  
**2540 S. Bayshore Drive**

83

84 City  
**Miami**

85 Zip Code  
**FL 33133**

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 617.0502, Florida Statutes.

SIGNATURE *Robert C. Hector Jr.* **ROBERT C. HECTOR, JR. SECRETARY 2/3/98** DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MUNROE, CHARLES P</b>	1.2 NAME	
STREET ADDRESS	<b>7841 SW 53 AVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	1.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KLINE, CHARLES</b>	2.2 NAME	
STREET ADDRESS	<b>8421 PONCE DELEON ROAD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	2.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GARDNER, DONALD F. JR.</b>	3.2 NAME	<b>Pruitt, Peter T., Jr.</b>
STREET ADDRESS	<b>5451 SW 85TH ST.</b>	3.3 STREET ADDRESS	<b>6520 S.W. 131 Street</b>
CITY-ST-ZIP	<b>MIAMI FL 33143</b>	3.4 CITY-ST-ZIP	<b>Pinecrest, Florida 33156</b>
TITLE	DV <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HENRY, EDMUND T. III</b>	4.2 NAME	
STREET ADDRESS	<b>1836 ESPANOLA DRIVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COCONUT GROVE FL</b>	4.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RYDER, RALPH B.</b>	5.2 NAME	<b>Hector, Robert C., Jr.</b>
STREET ADDRESS	<b>3101 SW 22 AVE</b>	5.3 STREET ADDRESS	<b>6001 Granada Blvd.</b>
CITY-ST-ZIP	<b>COCONUT GROVE FL 33133</b>	5.4 CITY-ST-ZIP	<b>Coral Gables, Florida 33146</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>Piper, William Scott III</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>Suite 607, 8950 N. Kendall Dr.</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>Miami, Florida 33176</b>

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

SIGNATURE: *Peter T. Pruitt Jr.* **PETER T. PRUITT JR. TREASURER 2/3/98 (305)572-3139**

CP2E087 (10/97)