

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 06, 1999 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

02-06-1999 90028 041 \*\*\*\*\*61.25

DOCUMENT # 716219

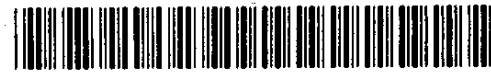
1. Corporation Name  
BISCAYNE BAY YACHT CLUB

Principal Place of Business

2540 SOUTH BAYSHORE DR  
MIAMI FL 33133  
US

Mailing Address

2540 SOUTH BAYSHORE DR  
MIAMI FL 33133  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

03/18/1969

4. FEI Number

59-0165090

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

HECTOR, ROBERT C JR  
2540 S BAYSHORE DRIVE  
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

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

TITLE DP  
NAME KLINE, CHARLES  
STREET ADDRESS 8421 PONCE DELEON ROAD  
CITY-ST-ZIP MIAMI FL  DELETE

TITLE TD  
NAME PRUITT, PETER T JR  
STREET ADDRESS 6520 SW 131 STREET  
CITY-ST-ZIP PINECREST FL 33156  DELETE

TITLE DV  
NAME HENRY, EDMUND T. III  
STREET ADDRESS 1836 ESPANOLA DRIVE  
CITY-ST-ZIP COCONUT GROVE FL  DELETE

TITLE SD  
NAME HECTOR, ROBERT C JR  
STREET ADDRESS 6001 GRANADA BLVD  
CITY-ST-ZIP CORAL GABLES FL 33146  DELETE

TITLE DV  
NAME PIPER, WILLIAM SCOTT  
STREET ADDRESS SUITE 607, 8950 N KENDALL DR  
CITY-ST-ZIP MIAMI FL 33176  DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/12/99 (305) 888-6303

CR2E037 (1/198)