


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2004 08:00 AM
Secretary of State

DOCUMENT # 716219
1. Entity 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



01102004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-0165090

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HECTOR, ROBERT C JR
2540 S BAYSHORE DRIVE
MIAMI, FL 33133

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Robert C. Hektor Jr.* DATE: 1-13-04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PRUITT, PETER T JR 6520 SW 131 STREET PINECREST, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PIPER, WILLIAM S SUITE 607 8905 N KENDALL DR MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HECTOR, ROBERT C JR 6001 GRANADA BLVD CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WARREN, QUILLIAN W 6901 CANAMIN ST CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MATHESON, BRUCE 2540 S BAYSHORE DR MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000010476
01/22/04-80033-010 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Bruce Matheson* DATE: 1-13-04 DAYTIME PHONE #: 305-858-6803
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR