

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-11-2004 90014 025 ****61.25

| | | | | | | |
|---|---|---|--|--|---|--|
| 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 | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | |
| City & State | | City & State | | 4. FEI Number 59-0165090 | | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required Applied For <input type="checkbox"/> Not Applicable | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | |
| HECTOR, ROBERT C JR 2540 S BAYSHORE DRIVE MIAMI FL 33133 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make Check Payable to Florida Department of State | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | TD PRUITT, PETER T JR <input type="checkbox"/> Delete | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | 6520 SW 131 STREET | | | NAME | | |
| STREET ADDRESS | PINECREST FL 33156 | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | |
| TITLE | DP PIPER, WILLIAM S <input checked="" type="checkbox"/> Delete | | | TITLE | HAROLD E. KENDALL, JR. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | SUITE 607 8905 N KENDALL DR | | | NAME | 1638 SOUTH BAYSHORE COURT | |
| STREET ADDRESS | MIAMI FL 33176 | | | STREET ADDRESS | COCONUT GROVE, FL 33133 | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | |
| TITLE | SD HECTOR, ROBERT C JR <input type="checkbox"/> Delete | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | 6001 GRANADA BLVD | | | NAME | | |
| STREET ADDRESS | CORAL GABLES FL 33146 | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | |
| TITLE | DV WARREN, QUILLIAN W <input type="checkbox"/> Delete | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | 6901 CANAMIN ST | | | NAME | | |
| STREET ADDRESS | CORAL GABLES FL 33146 | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | |
| TITLE | DV MATHESON, BRUCE <input type="checkbox"/> Delete | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | 2540 S BAYSHORE DR | | | NAME | | |
| STREET ADDRESS | MIAMI FL 33133 | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | |
| STREET ADDRESS | | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | |
| 12. 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 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Robert C. Hector, Jr | | | | Date 2-4-04 <small>Daytime Phone #</small> | | |



Attachment
0640339
#716219

Biscayne Bay Yacht Club

2540 SOUTH BAYSHORE DRIVE
MIAMI, FLORIDA 33133

EXHIBIT A

RESOLVED, that the new officers of the Club for fiscal years 2004-2006, Commodore Warren W. Quillian, II, Vice-Commodore Bruce C. Matheson, Rear-Commodore Harold E. Kendall, Jr. Treasurer Peter T. Pruitt, Jr., Secretary Robert C. Hector, Jr. are hereby the only officers authorized to sign checks, open and close accounts, and deposit and withdraw funds with Coconut Grove Bank as of May 22, 2003.

FURTHER RESOLVED, that in addition to the above named officers, Office Manager Mary Ellen Frank and Steward Michael D. Rush are hereby authorized to sign on a Stewards Account #01-164578-06.

FURTHER RESOLVED, that only one of the above named individuals will be required to sign checks up to \$ 1,000.00 and that two signatures of the above named individuals will be required for checks totaling over \$ 1,000.00.