


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2006 8:00 am**  
**Secretary of State**

01-19-2006 90065 033 \*\*\*\*61.25

<b>DOCUMENT # 716219</b> 1. Entity Name <b>BISCAYNE BAY YACHT CLUB</b>										
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								
Zip	Country	Zip	Country	4. FEI Number <b>59-0165090</b>						
				Applied For <input type="checkbox"/> Not Applicable						
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>						
6. Name and Address of Current Registered Agent  <b>HECTOR, ROBERT C JR</b> <b>2540 S BAYSHORE DRIVE</b> <b>MIAMI, FL 33133</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> Zip Code _____							
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>										
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>						
Make check payable to: <b>Florida Department of State</b>										
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PRUITT, PETER T JR 6520 SW 131 STREET PINECREST, FL 33156	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MATHESON, BRUCE 2540 S. BAYSHORE DR MIAMI FL 33133	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KENDALL, HAROLD E JR 1638 SOUTH BAYSHORE COURT COCONUT GROVE, FL 33133	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KENDALL, HAROLD E JR 1638 SOUTH BAYSHORE COURT COCONUT GROVE, FL 33133	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HECTOR, ROBERT C JR 6001 GRANADA BLVD CORAL GABLES, FL 33146	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LA FONTISEE, LOUIS L JR 314 COMMODORE PLAZA MIAMI, FL 33133	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WARREN, QUILLIAN W 6901 CANAMIN ST CORAL GABLES, FL 33146	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LOBREE, H BAIRD 4116 S. W. 37TH AVENUE MIAMI, FL 33133	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MATHESON, BRUCE 2540 S BAYSHORE DR MIAMI, FL 33133	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Bruce C Matheson</u> <span style="float: right;">1/13/06</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>										
<small>Daytime Phone #</small>										