2008 NOT-FOR-PROFIT CORPORATION

FILED Feb 04, 2008 8:00 am Secretary of State

	AHHOA			Secretary or State	,
1. Entity Narr	MENT #716219 NE BAY YACHT CLUB			02-04-2008 90032 043 ****61.25	
1 '	ce of Business H BAYSHORE DR 13133 US	Mailing Address 2540 SOUTH BAYSHORI MIAMI, FL 33133 U			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01242008 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number Applied For 59-0165090 Not Applica	ble
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered Agent	
LIFOTOR	BORERT C ID		Name		
HECTOR, ROBERT C JR 2540 S BAYSHORE DRIVE MIAMI, FL 33133		Street Addre		ddress (P.O. Box Number is Not Acceptable)	
	. 00.00				
			City	FL Zip Code	
	e named entity submits this statement f tions of registered agent.	or the purpose of changing its r	egistered office or	registered agent, or both, in the State of Florida. I am familiar with, and acce	pt
SIGNATURE	Signature, typed or printed name of registered ager	and title if applicable (NOTE:	Registered Agent signals	re required when reinstating) DATE	
		and the approprie	Tregistered Agent signatu	ine required when romsianing?	
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Cam Trust Fund C		\$5.00 May Be Added to Fees Make check payable to Florida Department of State	
10.	OFFICERS AND D	IRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	TD	■ Delete	TITLE	DV ☐ Change 🔀 Addil	tion
NAME	PRUITT, PETER T JR		NAME	PIPER, THOMAS C	
STREET ADDRESS	6520 SW 131 STREET		STREET ADDRESS	4071 MATHESON AVENUE	
CITY-ST-ZIP	PINECREST, FL 33156	_ 	CITY-ST-ZIP	COCONUT GROVE, FL 33133	
TITLE NAME	DV KENDALL, HAROLD E JR	☐ Delete	TITLE NAME	DP ☑ Change ☐ Addit KENDALL, HAROLD E JR	ion
STREET ADDRESS	1638 S BAYSHORE CT		STREET ADDRESS	1638 S BAYSHORE CT	
CITY-ST-ZIP	COCONUT GROVE, FL 33133		CLTY-ST-ZIP	COCONUT GROVE, FL 33133	
TITLE	SD	☐ Delete	TIFLE	DS	tion
NAME	HECTOR, ROBERT C JR		NAME	HECTOR, ROBERT C JR	
STREET ADDRESS	6001 GRANADA BLVD		STREET ADDRESS	6001 GRANADA BLVD	
CITY-\$1-ZIP	CORAL GABLES, FL 33146		CITY-\$1-ZIP	CORAL GABLES, FL 33146	
TITLE NAME	DT LOBREE, H B	☐ Delete	TITLE NAME	Change Addit	ion
STREET ADDRESS	4116 SW 37TH AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33133		CITY-ST-ZIP		
TITLE	DV	☐ Delete	TITLE	☐ Change ☐ Addi	tion
NAME	LA FONTISEE, LOUIS L JR		NAME		
	314 COMMODORE PLAZA		STREET ADDRESS		
STREET ADDRESS	1				
STREET ADDRESS CITY-ST-ZIP	MIAMI, FL 33133		CITY-ST-ZIP		
CITY-ST-ZIP	MIAMI, FL 33133	⊠ Delete	INLE	☐ Change ☐ Addi	lion
CITY-ST-ZIP	MIAMI, FL 33133	⊠ Delete		☐ Change ☐ Addi	lion

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 Indirective 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 attactment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF JICER OR DIRECTOR

305-858-6303