

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 763779 (6)
1. Corporation Name
PALM BAY YACHT CLUB CONDOMINIUM ASSOCIATION, INC



Principal Place of Business
**TWO PALM BAY LN
MIAMI FL 33138**

Mailing Address
**TWO PALM BAY LN
MIAMI FL 33138**

3. Date Incorporated or Qualified **07/14/1982** 3a. Date of Last Report **04/05/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 63-0080636	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
25	Country	30	Country			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STANTON, RICHARD K.
2121 PONCE DE LEON BLVD
STE 240
CORAL GABLES FL 33134**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 617.1509, Florida Statutes.

SIGNATURE *[Signature]* DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACKBURN, JAMES R.	1.2 NAME	BLACKBURN, JAMES
STREET ADDRESS	780 NE 69 ST	1.3 STREET ADDRESS	780 N.E. 69 STREET
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI, FLORIDA 33138
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSSI, FRANCO	2.2 NAME	KUCHUKIAN, PAUL
STREET ADDRESS	780 NE 69 ST	2.3 STREET ADDRESS	780 N.E. 69 STREET
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI, FLORIDA 33138
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POULIN, J. G.	3.2 NAME	POULIN, J.G.
STREET ADDRESS	1820 RUE EDGEWOOD	3.3 STREET ADDRESS	1820 RUE EDGEWOOD
CITY-ST-ZIP	ST. BRUNO QU	3.4 CITY-ST-ZIP	ST. BRUNO, QUEBEC
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	TD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	USELMANN, MICHAEL	4.2 NAME	PINA, SEBASTIAN
STREET ADDRESS	780 NE 69 ST	4.3 STREET ADDRESS	780 N.E. 69 STREET
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	MIAMI, FLORIDA 33138
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUZII, RONALD	5.2 NAME	MILT, DOUG
STREET ADDRESS	780 NE 69 STREET	5.3 STREET ADDRESS	780 N.E. 69 STREET
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	MIAMI, FLORIDA 33138
TITLE	AS <input type="checkbox"/> DELETE	6.1 TITLE	S <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALA, VICTOR	6.2 NAME	SALA, VICTOR
STREET ADDRESS	780 NE 69 STREET	6.3 STREET ADDRESS	780 N.E. 69 STREET
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	MIAMI, FLORIDA 33138

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 unchanged, or on an attachment with an address.

SIGNATURE: *[Signature]* VICTOR SALA | 04/23/96 305 757-3500
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)