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**Mar 10, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 763779**

1. Corporation Name  
**PALM BAY YACHT CLUB CONDOMINIUM ASSOCIATION, INC**

Principal Place of Business  
**780 N.E. 69TH STREET  
 MIAMI FL 33138**

Mailing Address  
**780 N.E. 69TH STREET  
 MIAMI FL 33138**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/14/1982</b>	
21		26		4. FEI Number <b>63-0090636</b>	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
City & State		City & State			
23		28			
Zip Country		Zip Country			
24		29			
25		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>STANTON, RICHARD K ESQ.</b> <b>80 S.W. 8TH STREET</b> <b>SUITE 2804</b> <b>MIAMI FL 33130</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 617.0503, Florida Statutes.

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	P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLEAVENGER, ELEANOR		1.2 NAME	JANOWITZ, SAM	
STREET ADDRESS	780 NE 69 ST		1.3 STREET ADDRESS	780 N.E. 69 Street	
CITY-ST-ZIP	MIAMI FL 33138		1.4 CITY-ST-ZIP	Miami, FL. 33138	
TITLE	VP	<input type="checkbox"/> DELETE	2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KUCHUKIAN, PAUL		2.2 NAME	RENNER, JONATHAN	
STREET ADDRESS	780 NE 69 STREET		2.3 STREET ADDRESS	780 N.E. 69 Street	
CITY-ST-ZIP	MIAMI FL 33138		2.4 CITY-ST-ZIP	Miami, FL. 33138	
TITLE	D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAILEY, COLETTE		3.2 NAME	KUCHUKIAN, PAUL	
STREET ADDRESS	780 N.E. 69 STREET		3.3 STREET ADDRESS	780 N.E. 69 Street	
CITY-ST-ZIP	MIAMI FL 33138		3.4 CITY-ST-ZIP	Miami, FL. 33138	
TITLE	D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILT, DOUG		4.2 NAME	LEVENSON, IRVING	
STREET ADDRESS	780 NE 69 ST		4.3 STREET ADDRESS	780 N.E. 69 Street	
CITY-ST-ZIP	MIAMI FL 33138		4.4 CITY-ST-ZIP	Miami, FL. 33138	
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PITTS, FLORENCE		5.2 NAME	DEGRAVE, DANIEL	
STREET ADDRESS	780 NE 69 STREET		5.3 STREET ADDRESS	780 N.E. 69 Street	
CITY-ST-ZIP	MIAMI FL 33138		5.4 CITY-ST-ZIP	Miami, FL. 33138	
TITLE	T	<input type="checkbox"/> DELETE	6.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	IBANEZ, ANGELO		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 33138		6.4 CITY-ST-ZIP	Miami, FL 33138	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED **3/5/99** **305-757-3500**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)