

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2000 8:00 am
Secretary of State

02-13-2000 90010 004 ****61.25

DOCUMENT # 763779

1. Entity Name

PALM BAY YACHT CLUB CONDOMINIUM ASSOCIATION, INC

Principal Place of Business

Mailing Address

780 N.E. 69TH STREET
 MIAMI FL 33138

780 N.E. 69TH STREET
 MIAMI FL 33138-5743

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

63-0090636

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STANTON, RICHARD K ESQ.
80 S.W. 8TH STREET
SUITE 2804
MIAMI FL 33130

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|---------------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> Delete |
| NAME | JANOWITZ, SAM | |
| STREET ADDRESS | 780 NE 69 ST | |
| CITY-ST-ZIP | MIAMI FL 33138 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | KUCHUKIAN, PAUL | |
| STREET ADDRESS | 780 NE 69 STREET | |
| CITY-ST-ZIP | MIAMI FL 33138 | |
| TITLE | VP | <input checked="" type="checkbox"/> Delete |
| NAME | RENNER, JONATHAN | |
| STREET ADDRESS | 780 N.E. 69 STREET | |
| CITY-ST-ZIP | MIAMI FL 33138 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | LEVENSON, IRVING | |
| STREET ADDRESS | 780 NE 69 ST | |
| CITY-ST-ZIP | MIAMI FL 33138 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | DEGRAVE, DANIEL | |
| STREET ADDRESS | 780 NE 69 STREET | |
| CITY-ST-ZIP | MIAMI FL 33138 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | IBANEZ, ANGELO | |
| STREET ADDRESS | 780 NE 69 STREET | |
| CITY-ST-ZIP | MIAMI FL 33138 | |

| | | |
|----------------|------------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Senter, Jay | |
| STREET ADDRESS | 780 NE 69 ST | |
| CITY-ST-ZIP | Miami, FL 33138 | |
| TITLE | S | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Kuchukian, Paul | |
| STREET ADDRESS | 780 NE 69 ST | |
| CITY-ST-ZIP | Miami, FL 33138 | |
| TITLE | VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Jack Coden | |
| STREET ADDRESS | 780 NE 69 ST | |
| CITY-ST-ZIP | Miami, FL 33138 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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:

SIGNATURE: ANGELO IBANEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/2/00 (305) 757-3500

CR2E037 (9/99)