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Feb 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000000701 (0)
 1. Corporation Name
VENTURE SAILING CLUB OF SOUTH FLORIDA, INC.



Principal Place of Business 322 FLUVIA AVE. CORAL GABLES FL 33134	Mailing Address 322 FLUVIA AVE. CORAL GABLES FL 33134
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3. Date Incorporated or Qualified 02/06/1996	
4. FEI Number 65-0655674	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

AMAT, FAYE M
7310 S.W. 140TH AVE.
MIAMI FL 33183

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CPD	<input checked="" type="checkbox"/> DELETE
NAME	AMAT, FAYE M	
STREET ADDRESS	7310 S.W. 140TH AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	BOTTOMELY, DON	
STREET ADDRESS	35250 S.W. 177TH CT., #8	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	ASD	<input type="checkbox"/> DELETE
NAME	MCGHEE, WILLIAM	
STREET ADDRESS	322 FLUVIA AVE.	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MOORE, MARIA	
STREET ADDRESS	1725 S.W. 24TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	FC	<input checked="" type="checkbox"/> DELETE
NAME	ACOSTA, ANGEL	
STREET ADDRESS	750 N.W. 43RD AVE., #605	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GOTTOMELY, DON	
1.3 STREET ADDRESS	35250 S.W. 177th Ct. # 8	
1.4 CITY-ST-ZIP	HOMESTEAD, FL	
2.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ACOSTA, ANGEL	
2.3 STREET ADDRESS	750 N.W. 43rd Ave. #605	
2.4 CITY-ST-ZIP	MIAMI, FL	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MOORE HARBER, EVELYN	
4.3 STREET ADDRESS	2462 S.W. 24th Terrace	
4.4 CITY-ST-ZIP	MIAMI, FL	
5.1 TITLE	FC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	RABEL, LOUIS	
5.3 STREET ADDRESS	1700 S. BAYSHORE LANE	
5.4 CITY-ST-ZIP	MIAMI, FL 33133	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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.

SIGNATURE: *Donald K Bottomley* DONALD K BOTTOMLEY 2/12/98 447-9579

CR2E037 (10/97)