


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90091 017 ****61.25

DOCUMENT # N9600000701

1. Entity Name
VENTURE SAILING CLUB OF SOUTH FLORIDA, INC.



Principal Place of Business
**9902 ROYAL PALM BLVD
 COARL SPRINGS, FL 33065**

Mailing Address
**2462 SW 22ND TERRACE
 MIAMI, FL 33145**



2. Principal Place of Business
2462 S.W. 22nd Terrace

3. Mailing Address
 Suite, Apt. #, etc.

03092006 Chg-NP CR2E037 (11/05)

City & State
Miami, Florida

City & State

Zip
33145-3418

Country

4. FEI Number
65-0655674

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KLINE, KERRY
 9902 ROYAL PALM BLVD
 CORAL SPRINGS, FL 33065**

7. Name and Address of New Registered Agent

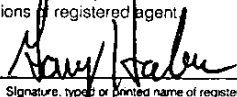
Name
Gary Haber

Street Address (P.O. Box Number is Not Acceptable)
2462 S.W. 22nd Terrace

City
Miami

FL Zip Code
33145-3418

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **Gary Haber** Purser **3-09-06**

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

**Filing Fee is \$61.25
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

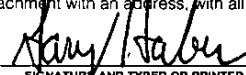
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	FC SIMON, FRANCOIS 19760 SW 101 COURT MIAMI, FL 33157	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD DAILEY, STEPHANIE 9850 SW 222 TERRACE MIAMI, FL 33190	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KLINE, KERRY 9902 ROYAL PALM BLVD. CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD DAILEY, RICHARD 9850 S.W. 222 TERRACE MIAMI, FL 33190	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	FC Bonatti, John 1801 Wake-na Drive Coconut Grove, FL 33133	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD Haber, Evelyn 2462 S.W. 22nd Terrace Miami, Florida 33145	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Haber, Gary 2462 S.W. 2nd Terrace Miami, Florida 33145	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD Rawlings, Henry 1680 S.W. 120 Avenue Pembroke Pines, FL 33025	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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:  **Gary Haber** **3-09-06** **305 795 0436**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #