

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2007 8:00 am**  
**Secretary of State**

02-16-2007 90043 043 \*\*\*\*61.25

**DOCUMENT # N96000000701**  
 1. Entity Name  
**VENTURE SAILING CLUB OF SOUTH FLORIDA, INC.**



Principal Place of Business Mailing Address  
 2462 SW 22ND TERR MIAMI FL 33145-3418  
 2462 SW 22ND TERRACE MIAMI FL 33145



2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country  
 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent  
**HABER, GARY**  
**2462 SW 22ND TERR**  
**MIAMI FL 33145-3418**

4. FEI Number **65-0655674** Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent  
 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. I am familiar with, and accept the obligations of registered agent.  
 SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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 <input type="checkbox"/> Delete BONATTI, JOHN 1801 WAKECINA DR COCONUT GROVE FL 33133
TITLE NAME STREET ADDRESS CITY ST ZIP	ASD <input checked="" type="checkbox"/> Delete HABER, EVELYN 2462 SW 22ND TERR MIAMI FL 33145
TITLE NAME STREET ADDRESS CITY ST ZIP	P <input type="checkbox"/> Delete HABER, GARY 2462 SW 22ND TERR MIAMI FL 33145
TITLE NAME STREET ADDRESS CITY ST ZIP	CPD <input type="checkbox"/> Delete RAWLINGS, HENRY 1680 SW 120 AVE PEMBROKE PINES FL 33025
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	ASD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition JAMIESON, CATHERINE 1700 N.W. NORTH RIVER DR. #304 MIAMI, FL 33125
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
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 Section 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, Gary Haber* **218107** **305-795-0436**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #