

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2000 8:00 am
Secretary of State

09-11-2000 90010 041 ****61.25

DOCUMENT # N98000002066

1. Entity Name
YACHT CLUB AT AVENTURA MARINA CONDOMINIUM ASSOCI

Principal Place of Business
**19777 E. COUNTRY CLUB DR.
 AVENTURA FL 33180**

Mailing Address
**19777 E. COUNTRY CLUB DR.
 AVENTURA FL 33180**

2. Principal Place of Business
 3. Mailing Address

Suite, Apt. #, etc.
 Suite, Apt. #, etc.

City & State
 City & State

4. FEI Number **65-0867052** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

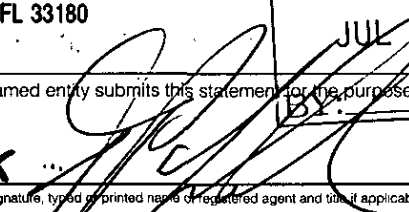
7. Name and Address of New Registered Agent

**BLACKBURN, WALTER
 19777 E. COUNTRY CLUB DR.
 AVENTURA FL 33180**

RECEIVED
JUL 7 2000

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  DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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 Delete
 NAME **PD BLACKBURN, WALTER**
 STREET ADDRESS **19777 E. COUNTRY CLUB DR.**
 CITY-ST-ZIP **AVENTURA FL 33180**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VSD BLACKBURN, LINDA**
 STREET ADDRESS **19777 E. COUNTRY CLUB DR.**
 CITY-ST-ZIP **AVENTURA FL 33180**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TD MENDEZ, IGNACIO**
 STREET ADDRESS **19777 E. COUNTRY CLUB DR.**
 CITY-ST-ZIP **AVENTURA FL 33180**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TD BERWICK, ROBERT J**
 STREET ADDRESS **5000 TOWN CENTER PH**
 CITY-ST-ZIP **SOUTHFIELD MI 48075**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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 REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (5/00)

RECEIVED
AUG 18 2000
BY AP