
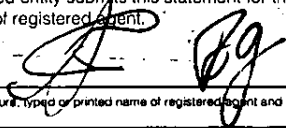
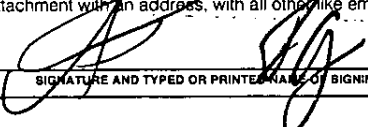


**2005-NOT-FOR-PROFIT-CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90148 001 \*\*\*\*61.25

|   |                              |  |   |  |  |
|---|------------------------------|--|---|--|--|
| DOCUMENT # N98000002066   |                              |  |   |         |  |
| 1. Entity Name<br>YACHT CLUB AT AVENTURA MARINA CONDOMINIUM ASSOCIATION, INC.   |                              |  |   |  |  |
| Principal Place of Business<br>19777 E. COUNTRY CLUB DR.<br>AVENTURA, FL 33180  |                              | Mailing Address<br>19777 E. COUNTRY CLUB DR.<br>AVENTURA, FL 33180   |   |  |  |
| 2. Principal Place of Business  |                              | 3. Mailing Address   |   |  |  |
| Suite, Apt. #, etc.   |                              | Suite, Apt. #, etc.  |   |  |  |
| City & State  |                              | City & State   |   | 02222005 Chg-NP CR2E037 (10/03)  |  |
| Zip   |                              | Country  |   | 4. FEI Number<br>65-0867052  |  |
|   |                              |  |   | Applied For<br>Not Applicable  |  |
|   |                              |  |   | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |  |
| 6. Name and Address of Current Registered Agent   |                              |  | 7. Name and Address of New Registered Agent   |  |  |
| RASE, MICHAEL<br>19777 E. COUNTRY CLUB DR.<br>AVENTURA, FL 33180  |                              |  | Name <u>Amnon Gershoni</u><br>Street Address (P.O. Box Number is Not Acceptable)<br><u>19777 E. Country Club Dr.</u><br>City <u>Aventura</u> FL Zip Code <u>33180</u> |  |  |
| 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  |                              |  |   |  |  |
| Filing Fee is \$61.25 Due by May 1, 2005  |                              | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |   | Make check payable to Florida Department of State  |  |
| 10. OFFICERS AND DIRECTORS  |                              |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |  |  |
| TITLE   | P                            | <input checked="" type="checkbox"/> Delete   | TITLE   | PD   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME  | RASE, MIKE                   |  | NAME  | Daniel Gershoni  |  |
| STREET ADDRESS  | 19777 E. COUNTRY CLUB DR.    |  | STREET ADDRESS  | 19777 E. Country Club Dr.  |  |
| CITY-ST-ZIP   | AVENTURA, FL 33180           |  | CITY-ST-ZIP   | Aventura, FL 33180   |  |
| TITLE   | TD                           | <input checked="" type="checkbox"/> Delete   | TITLE   | TSD  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME  | FISH, MIKE                   |  | NAME  | Amnon Gershoni   |  |
| STREET ADDRESS  | 19777 E. COUNTRY CLUB DR.    |  | STREET ADDRESS  | 19777 E. Country Club Dr.  |  |
| CITY-ST-ZIP   | AVENTURA, FL 33180           |  | CITY-ST-ZIP   | Aventura, FL 33180   |  |
| TITLE   | SD                           | <input checked="" type="checkbox"/> Delete   | TITLE   | D  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME  | DIAZ, TONY III               |  | NAME  | Eileen Sohn  |  |
| STREET ADDRESS  | 19501 E COUNTRY CLUB DR #307 |  | STREET ADDRESS  | 19777 E. Country Club Dr.  |  |
| CITY-ST-ZIP   | AVENTURA, FL 33180           |  | CITY-ST-ZIP   | Aventura, FL 33180   |  |
| TITLE   |                              | <input type="checkbox"/> Delete  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |                              |  | NAME  |  |  |
| STREET ADDRESS  |                              |  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   |                              |  | CITY-ST-ZIP   |  |  |
| TITLE   |                              | <input type="checkbox"/> Delete  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |                              |  | NAME  |  |  |
| STREET ADDRESS  |                              |  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   |                              |  | CITY-ST-ZIP   |  |  |
| TITLE   |                              | <input type="checkbox"/> Delete  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |                              |  | NAME  |  |  |
| STREET ADDRESS  |                              |  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   |                              |  | 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:  (NOTE: Registered Agent signature required when reinstating) DATE Daytime Phone #  |                              |  |   |  |  |