


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90390 027 \*\*\*\*61.25

**DOCUMENT # N98000002066**

1. Entity Name  
**YACHT CLUB AT AVENTURA MARINA CONDOMINIUM ASSOCIATION, INC.**



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  
 Suite, Apt. #, etc.

3. Mailing Address  
**910 BSS - Condo DEPT**  
**2525 Ponce De LEON Blvd.**

City & State  
**5th Floor, Coral Gables, FL**

Zip  
**33134**

Country  
**USA**



04102006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**65-0867052**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**GERSHONI, AMNON**  
**19777 E. COUNTRY CLUB DR.**  
**AVENTURA, FL 33180**

7. Name and Address of New Registered Agent  
 Name **SKRLD, Inc.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**201 ALHAMBRA Circle, SUITE 1102**  
**CONDO DEPT.**  
 City **CORAL GABLES** FL Zip Code **33134**

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 *Helio De La Torre* Pres. **HELIO DE LA TORRE** 4/11/06  
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GERSHONI, DANIEL 19777 E. COUNTRY CLUB DR. AVENTURA, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Amnon Gershoni* **AMNON GERSHONI** 4/26/06 305-931-4216  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #