2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002066

Jan 27, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

19777 E. COUNTRY CLUB DR. AVENTURA, FL 33180

Current Mailing Address: New Mailing Address:

C/O BSSS-CONDO DEPT PO BOX 820455

2525 PONCE DE LEON BLVD 5TH FLOOR SOUTH FLORIDA, FL 330820455

CORAL GABLES, FL 33134

FEI Number: 65-0867052 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SKRLD, INC 201 ALHAMBRA CIR **SUITE 1102** CORA GABLES, FL 33134 US

OFFICERS AND DIRECTORS:

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

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

GERSHONI, DANIEL LINTON, ROBERT Name: Name: 19777 E. COUNTRY CLUB DR. Address: 7020 ISLEGROVE PLACE Address: City-St-Zip: AVENTURA, FL 33180 City-St-Zip: BOCA RATON, FL 33433

Title: TSD () Delete Title: VD (X) Change () Addition

GERSHONI, AMNON Name: KROHN, MARK Name: Address: 19777 E. COUNTRY CLUB DR. Address: 20155 N.E. 38 COURT, #1202

City-St-Zip: AVENTURA, FL 33180 City-St-Zip: AVENTURA, FL 33180

Title: VPD () Delete Title: (X) Change () Addition SOHN, EILEEN GERSHONI, AMNON Name: Name:

19777 E COUNTRY CLUB DR Address: Address: 18671 COLLINS AVENUE City-St-Zip: AVENTURA, FL 33180 City-St-Zip: SUNNY ISLES, FL 33160

Title: () Delete Title: SD () Change (X) Addition Name: Name: GERSHONI, MARCIE 1610 VICTORIA POINTE LANE Address: Address:

City-St-Zip: City-St-Zip: WESTON, FL 33327

Title: () Delete Title: () Change (X) Addition

SOHN, EILEEN Name: Name:

2486 PROVENCE CIRCLE Address: Address: City-St-Zip: City-St-Zip: WESTON, FL 33327

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT LINTON Ρ 01/27/2009