1069 SE 17 ST FORT LAUDEF	REET RDALE, FL 33316			
Current Ma	iling Address:			
1069 SE 17 FORT LAUE	STREET DERDALE, FL 33316 US			
FEI Number: 65-1050976		Certificate of Status Desired: No		
Name and A	Address of Current Registered Agent:			
IRA, AMI G 1069 SE 17 ST FORT LAUDEF	REET RDALE, FL 33316 US			
The above name	d entity submits this statement for the purpose of changing its reg	istered office or regis	tered agent, or both, in the State of Florid	а.
	d entity submits this statement for the purpose of changing its regined as a statement for the purpose of changing its regined.	istered office or regis		^{a.})1/09/2018
		istered office or regis		
SIGNATURI	E: AMI G. IRA	istered office or regis		01/09/2018
SIGNATURI	E: AMI G. IRA Electronic Signature of Registered Agent	istered office or regis		01/09/2018
SIGNATURI Officer/Dire	E: AMI G. IRA Electronic Signature of Registered Agent		(01/09/2018
SIGNATURI Officer/Dire	E: AMI G. IRA Electronic Signature of Registered Agent Ctor Detail : PRESIDENT	Title	VP	01/09/2018
SIGNATURI Officer/Dire Title Name Address	E: AMI G. IRA Electronic Signature of Registered Agent Cotor Detail : PRESIDENT TRISH, CRONAN	Title Name Address	VP EMILY, MACK	01/09/2018
SIGNATURI Officer/Dire Title Name Address	E: AMI G. IRA Electronic Signature of Registered Agent Ctor Detail : PRESIDENT TRISH, CRONAN 1069 SE 17 STREET	Title Name Address	VP EMILY, MACK 1069 SE 17 STREET	01/09/2018
SIGNATURI Officer/Dire Title Name Address City-State-Zip:	E: AMI G. IRA Electronic Signature of Registered Agent Ctor Detail : PRESIDENT TRISH, CRONAN 1069 SE 17 STREET FORT LAUDERDALE FL 33316	Title Name Address City-State-Zip:	VP EMILY, MACK 1069 SE 17 STREET FORT LAUDERDALE FL 33316	01/09/2018
SIGNATURI Officer/Dire Title Name Address City-State-Zip: Title	E: AMI G. IRA Electronic Signature of Registered Agent Ctor Detail : PRESIDENT TRISH, CRONAN 1069 SE 17 STREET FORT LAUDERDALE FL 33316 TREASURER	Title Name Address City-State-Zip: Title	VP EMILY, MACK 1069 SE 17 STREET FORT LAUDERDALE FL 33316 SECRETARY	01/09/2018

I hereby 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 all other like empowered.

SIGNATURE: AMI G. IRA

SECRETARY

01/09/2018

Electronic Signature of Signing Officer/Director Detail

Entity Name: CHARTER YACHT BROKERS ASSOCIATION, INC.

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

Date