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Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90231 046 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 714769

1. Corporation Name

THE GULF STREAM YACHT CLUB

Principal Place of Business

770 NE 37TH ST.
 BOCA RATON FL 33431

Mailing Address

770 NE 37TH ST.
 BOCA RATON FL 33431



2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		06/13/1968	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1002366	
24 Country		29 Country		30	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/>				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

KIMMEN, JACQUELINE
 770 NE 37TH ST.
 BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	
FL	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VCD <input type="checkbox"/> DELETE	1.1 TITLE	VCD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAWIEC, JOSEPH	1.2 NAME	MUNRO, MICHAEL
STREET ADDRESS	220 MAC FARLANE DR	1.3 STREET ADDRESS	750 NE 69th ST
CITY-ST-ZIP	DELRAY BEACH FL 33483	1.4 CITY-ST-ZIP	Boca Raton FL 33487
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUNO, MICHAEL	2.2 NAME	SIMONI, STEVE
STREET ADDRESS	750 NE 69TH ST	2.3 STREET ADDRESS	604 BOCA MARINA COURT
CITY-ST-ZIP	DELRAY BCH FL 33887	2.4 CITY-ST-ZIP	BOCA RATON FL 33487
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	Same <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIMMEN, JACQUELINE	3.2 NAME	
STREET ADDRESS	770 NE 37TH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMONI, STEVE	4.2 NAME	ROBERT AEBERSOLD
STREET ADDRESS	604 BOCA MARINA CT	4.3 STREET ADDRESS	3087 NE 7th DR
CITY-ST-ZIP	BOCA RATON FL 33487	4.4 CITY-ST-ZIP	BOCA RATON FL 33431
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	Same <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRITTS, ADDISON D	5.2 NAME	
STREET ADDRESS	3411 SPANISH TRAIL C417	5.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 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 (11/98)