

FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 715504 (7)

1. Corporation Name
KEY BISCAIYNE YACHT CLUB, INC.



Principal Place of Business 180 HARBOR DRIVE KEY BISCAIYNE FL 33149 US	Mailing Address 180 HARBOR DRIVE KEY BISCAIYNE FL 33149-1304 US
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3. Date Incorporated or Qualified 11/04/1968	3a. Date of Last Report 04/30/1996
4. FEI Number 59-0798689	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**YOUNG, JOSEPH G.
180 HARBOR DRIVE
KEY BISCAIYNE FL 33149**

10. Name and Address of New Registered Agent

81 Name
JONES, IVAN A.

82 Street Address (P.O. Box Number is Not Acceptable)
180 Harbor Drive

83 City
Key Biscayne

84 State
FL

85 Zip Code
33149

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]* **4/5/97** DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE C	<input checked="" type="checkbox"/> DELETE	1.1 TITLE C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME YOUNG, JOSEPH G.		1.2 NAME JONES, IVAN A.	
STREET ADDRESS 180 HARBOR DRIVE		1.3 STREET ADDRESS 180 Harbor Drive	
CITY-ST-ZIP KEY BISCAIYNE FL		1.4 CITY-ST-ZIP Key Biscayne, FL	
TITLE V	<input checked="" type="checkbox"/> DELETE	2.1 TITLE V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JONES, IVAN A.		2.2 NAME AMES, STUART D.	
STREET ADDRESS 180 HARBOR DRIVE		2.3 STREET ADDRESS 180 Harbor Drive	
CITY-ST-ZIP KEY BISCAIYNE FL		2.4 CITY-ST-ZIP Key Biscayne, FL	
TITLE S	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STICKNEY, TIMOTHY P		3.2 NAME	
STREET ADDRESS 180 HARBOR DRIVE		3.3 STREET ADDRESS	
CITY-ST-ZIP KEY BISCAIYNE FL		3.4 CITY-ST-ZIP	
TITLE T	<input checked="" type="checkbox"/> DELETE	4.1 TITLE T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GROSS, GARY R.		4.2 NAME DATES, JR., HUBERT B.	
STREET ADDRESS 180 HARBOR DR		4.3 STREET ADDRESS 180 Harbor Dr.	
CITY-ST-ZIP KEY BISAYNE FL		4.4 CITY-ST-ZIP Key Biscayne, FL	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RICE, MICHAEL C.		5.2 NAME WOLFE, JR., ALEXANDER M	
STREET ADDRESS 180 HARBOR DR		5.3 STREET ADDRESS 180 Harbor Drive	
CITY-ST-ZIP KEY BISCAIYNE FL		5.4 CITY-ST-ZIP Key Biscayne, FL	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SAGER, CHRISTIAN B		6.2 NAME	
STREET ADDRESS 180 HARBOR DRIVE		6.3 STREET ADDRESS	
CITY-ST-ZIP KEY BISCAIYNE FL		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *[Signature]* **4/5/97** DATE

CR2E037 (9/96)