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Jun 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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, US

2. Principal Place of Business (21-24) and Mailing Address (2a-29) details including Suite, Apt. #, City & State, Zip, and Country.

3. Date Incorporated or Qualified: 11/04/1968

4. FEI Number: 59-0798689

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

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
JONES, IVAN A
180 HARBOR DRIVE
KEY BISCAIYNE FL 33149

10. Name and Address of New Registered Agent

81 Name: AMES, STUART D.
82 Street Address (P.O. Box Number is Not Acceptable): 180 Harbor Drive
83
84 City: Key Biscayne, 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: *Stuart D. Ames* STUART D. AMES 04/14/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	YOUNG, JOSEPH G	
STREET ADDRESS	180 HARBOR DRIVE	
CITY-ST-ZIP	KEY BISCAIYNE FL	
TITLE	C	<input type="checkbox"/> DELETE
NAME	JONES, IVAN A.	
STREET ADDRESS	180 HARBOR DRIVE	
CITY-ST-ZIP	KEY BISCAIYNE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	STICKNEY, TIMOTHY P	
STREET ADDRESS	180 HARBOR DRIVE	
CITY-ST-ZIP	KEY BISCAIYNE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DATES, HUBERT B JR.	
STREET ADDRESS	180 HARBOR DR	
CITY-ST-ZIP	KEY BISCAIYNE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WOLFE, ALEXANDER M	
STREET ADDRESS	180 HARBOR DR	
CITY-ST-ZIP	KEY BISCAIYNE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SAGER, CHRISTIAN B	
STREET ADDRESS	180 HARBOR DRIVE	
CITY-ST-ZIP	KEY BISCAIYNE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	AMES, STUART D.	
1.3 STREET ADDRESS	180 HARBOR DRIVE	
1.4 CITY-ST-ZIP	KEY BISCAIYNE, FL 33149	
2.1 TITLE	C/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	FLYNN, THOMAS E.	
2.3 STREET ADDRESS	180 HARBOR DRIVE	
2.4 CITY-ST-ZIP	KEY BISCAIYNE, FL 33149	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	RODRIGUEZ, RAMON R.	
3.3 STREET ADDRESS	130 HARBOR DRIVE	
3.4 CITY-ST-ZIP	KEY BISCAIYNE, FL 33149	
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	RODRIGUEZ, RAMON R.	
4.3 STREET ADDRESS	130 HARBOR DRIVE	
4.4 CITY-ST-ZIP	KEY BISCAIYNE, FL 33149	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	NEVE, DEBORAH J.	
5.3 STREET ADDRESS	180 HARBOR DRIVE	
5.4 CITY-ST-ZIP	KEY BISCAIYNE, FL 33149	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	STONE, EDWARD H.	
6.3 STREET ADDRESS	180 HARBOR DRIVE	
6.4 CITY-ST-ZIP	KEY BISCAIYNE, FL 33149	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, 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: *Stuart D. Ames* 04/14/98 (305) 361-9171

CR2E037 (10/97)