# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jul 06, 2006 8:00 am**
**Secretary of State**
07-06-2006 90002 034 ****61.25

DOCUMENT # 715504

1. Entity Name
KEY BISCAYNE YACHT CLUB, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 180 HARBOR DRIVE<br>KEY BISCAYNE, FL 33149 US | 180 HARBOR DRIVE<br>KEY BISCAYNE, FL 33149 US |

06302006 Chg-NP CR2E037 (4/06)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-0798689 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

ROBINSON, DAVID J
180 HARBOR DR.
KEY BISCAYNE, FL 33149

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is $61.25**
**Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>ALT, ROBERT J<br>180 HARBOR DR.<br>KEY BISCAYNE, FL 33149 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>LINDA MANLA<br>180 HARBOR DR-KEY BISCAYNE, FL<br>☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | C<br>SCHMACHTENBERG, LEE C<br>180 HARBOR DR.<br>KEY BISCAYNE, FL 33149 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | C RONALD W. DRUCKER<br>180 HARBOR DRIVE<br>KEY BISCAYNE, FL 33149<br>☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CV<br>DRUCKER, RONALD W<br>180 HARBOR DRIVE<br>KEY BISCAYNE, FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CV PAUL AUCHTER<br>180 HARBOR DRIVE<br>KEY BISCAYNE, FL 33149<br>☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>YEHLE, MARK<br>180 HARBOR DRIVE<br>KEY BISCAYNE, FL 33149 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>GARCIA RIBEYRO, GONZALO H<br>180 HARBOR DR.<br>KEY BISCAYNE, FL 33149 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>FRIED, MARK<br>180 HARBOR DR.<br>KEY BISCAYNE, FL 33149 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** VICE COMMODORE 01 JUL 06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PAUL R. AUCHTER