2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#716219

6001 GRANADA BLVD

DT

DV

LOBREE, HB

4116 SW 37TH AVE

MIAMI, FL 33133

MIAMI, FL 33133

CORAL GABLES, FL 33146

() Delete

() Delete

LA FONTISEE, LOUIS L JR

314 COMMODORE PLAZA

Address:

Title:

Title:

Name:

Address: City-St-Zip:

Name:

Address:

City-St-Zip:

City-St-Zip:

Entity Name: BISCAYNE BAY YACHT CLUB

FILED Mar 26, 2009 Secretary of State

Current Principal Place of Business:				New Princ	New Principal Place of Business:			
2540 SOUT MIAMI, FL	ΓΗ BAYSHOI 33133 US							
Current Mailing Address:				New Mailing Address:				
2540 SOUT MIAMI, FL	TH BAYSHOI 33133 US							
FEI Number:	59-0165090	FEI Number Applied	d For () FEIN	umber Not App	licable ()	Certificate of Status D	esired()	
Name and Address of Current Registered Agent:				Name and	Name and Address of New Registered Agent:			
HECTOR, ROBERT C JR 2540 S BAYSHORE DRIVE MIAMI, FL 33133 US				2540 S BA	RYDER, RALPH B JR 2540 S BAYSHORE DRIVE MIAMI, FL 33133 US			
The above in the State		submits this stateme	ent for the purpose	of changing	its registered	office or registered ag	ent, or both,	
SIGNATURE: RALPH B. RYDER, JR.					03/26/2009			
	Electro	onic Signature of Reg	istered Agent			Date		
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PIPER, THOW 4071 MATHES			Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	KENDALL, HÀ 1638 S BAYS			Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name:	DS (HECTOR, RO) Delete BERT C JR		Title: Name:	DS (RYDER, RAL	X) Change ()Addition PH B JR		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

Address:

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

City-St-Zip:

SIGNATURE: HAROLD E. KENDALL, JR. COMM 03/26/2009

11 EAST EDGEWATER DRIVE #3

() Change () Addition

() Change () Addition

CORAL GABLES, FL 33133