## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 14 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 719293

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THE UNIVERSITY YACHT CLUB

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|  |   |  |   |   |                               |                       |                               | i                         | - 10   |                         |                            |                        | . <b>5</b>   <b>7</b>   1   1   1 |                        | J                 | .#             |
|--|---|--|---|---|-------------------------------|-----------------------|-------------------------------|---------------------------|--|-------------------------|----------------------------|------------------------|-----------------------------------|------------------------|-------------------|----------------|
| Principal Place of Business Mailing Address              |   |  |   |   |                               |                       |                               |                           |  | 874) 18 BB1 (14         |                            | / <b>8/83</b> 1010     |                                   | II SIBII BIBII         |                   |                |
| 11800 SW 70TH AVE.<br>MIAMI FL 33156                     |   |  |   | 11800 SW 70TH AVE.<br>MIAMI FL 33156-4775 |                               |                       |                               |                           |  |                         |                            |                        |                                   |                        |                   |                |
|  |   |  |   |   |                               |                       |                               |                           |  | 100rporate<br>19/14/197 | ed or Qualifi<br><b>70</b> | ed                     |                                   | te of Last<br>02/16/19 |                   |                |
| 2. Principal Place of Business                           |   |  |   | 2a. Mailing Address                       |                               |                       |                               |                           | 4. FEI Number  |                         |                            |                        |                                   | Applied For            |                   |                |
| 21   |   |  |   | 26  |                               |                       |                               |                           | 58   | 60464                   | 63                         |                        |                                   |                        | <u>`</u>          | olicable       |
| Suite, Apt. #, etc.                                      |   |  |   | Suite, Apt. #, etc.                       |                               |                       |                               |                           | 5. Certific  | ate of Sta              | tus Desired                | <i>i</i> [             |                                   | <b>\$8.75</b><br>Fee F | Addition Require  |                |
| City & State   |   |  |   | City & State                              |                               |                       |                               |                           |  |                         | gn Financin                | ٠ ـ                    |                                   | \$5.00                 | 0 May<br>d to Fee |                |
| Zip Country  |   |  |   | Zip Coun                                  |                               |                       |                               |                           |  |                         |                            |                        |                                   |                        |                   |                |
| 24   | 25  |  |   | 29 30                                     |                               |                       |                               |                           | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No |                         |                            |                        |                                   |                        | 002,              |                |
| 9. Name and Address of Current Registered Agent          |   |  |   |   |                               |                       | 10. Name and Address of New F |                           |  |                         |                            | v Regis                | egistered Agent                   |                        |                   |                |
|  |   |  |   |   |                               | 61                    | Name                          | €                         |  |                         |                            |                        |                                   |                        |                   |                |
| DARBY, JOHN D.   |   |  |   |   |                               |                       | Street                        | Addres                    | Address (P.O. Box Number is Not Acceptable)  |                         |                            |                        |                                   |                        |                   |                |
| 11800 SW 70TH AVE.<br>MIAMI FL 33156                     |   |  |   |   |                               |                       |                               |                           |  |                         |                            |                        |                                   |                        |                   |                |
|  |   |  |   |   |                               | 84                    | City                          |                           |  | -                       |                            |                        | FL                                | 85 Zip                 | Code              |                |
| 11. Pursuant i<br>office or re<br>agent. I as            | to the provis<br>egistered ag<br>m familiar w     | ions of Sections 617.05<br>gent, or both, in the Stat<br>ith, and accept the oblig | tutes, the a<br>as authorize<br>Florida Sta | bove<br>d by<br>tutes                     | L<br>e-named<br>the cor<br>s. | d corpor<br>rporation | ation subm<br>o's board of    | its this sta<br>directors | tement for t<br>. I hereby a   | the purpose to          |                            | changing<br>ointment a | its regis                         | istered<br>tered       |                   |                |
| SIGNATURE _  |   |  |   |   |                               |                       |                               |                           |  |                         |                            |                        |                                   |                        |                   |                |
|  | Signature, typed                                  | or printed name of registered ag   |   |   | NOTE Registere                | d Age                 | nt signatur                   | ce required               |  |                         | UOEA TO O                  |                        | DATE                              | DIDEOTA                | .50.41            |                |
| 12.<br>TITLE   | D   | OFFICERS A   | AD DIRE                                     | DELETE                                    | 13.                           | IT ( F                |                               | 1.5                       | ADDITIO  | JNS/CHAI                | NGES TO O                  | IL HIGE                |                                   | Change                 |                   | 1∠<br>Addition |
| NAME   | IANDV   | LAWDENCE   |   |   | ľ                             |                       |                               | P                         |  |                         |                            |                        | ,                                 | L Criange              |                   | Rounton        |
| NAME LANDY, LAWRENCE STREET ADDRESS 6866 SUNRISE TERRACE |   |  |   | 1.2 NA                                    |                               |                       | ADDRESS                       |                           | ost,W  |                         |                            |                        |                                   |                        |                   | i              |
| CITY-ST-ZIP CORAL GABLES FL                              |   |  |   |   |                               | -                     |                               | 1 7 -3                    | 1765 SW.79th.Court   |                         |                            |                        |                                   |                        | ļ                 |                |
| TITLE  | D   | ONDELO TE  |   | DELETE                                    | 211                           |                       | I - ZIP                       | 1                         | ami, F   | 1.33                    | 158                        |                        |                                   | Change                 |                   | Addition       |
| NAME   | -   | WILLIAM  |   | Carlo Contra                              | 2.2 N                         |                       |                               | V.                        | 0  | 37                      |                            |                        |                                   | Change                 |                   | FILLUTION      |
|  | PITTS. WILLIAM STREET ADDRESS 16730 SW 82ND COURT |  |   |   |                               |                       | ADDRESS                       |                           | enn C. Yeomans   |                         |                            |                        |                                   |                        |                   | ļ              |
| CITY-ST-ZIP MIAMI FL                                     |   |  |   |   |                               |                       | 51 - 21P                      |                           | 011 Dominican Drive  |                         |                            |                        |                                   |                        |                   |                |
| TITLE  | T   | <u> </u>   |   | DELETE                                    | 3.1 T                         |                       | 21-211                        | - Mla                     | Ml + F.  | L                       | TRA                        |                        |                                   | Change                 | $\Box$            | Addition       |
| NAME   | DARRY   | JOHN D.  |   |   | 3.2 N                         |                       |                               |                           |  |                         |                            |                        |                                   |                        |                   | .,             |
| STREET ADDRESS 11800 SW 70TH AVE                         |   |  |   | 3.3 \$                                    |                               |                       | STREET ADDRESS                |                           |  |                         |                            |                        |                                   |                        |                   |                |
| CITY-ST-ZIP  |   | FL 00000   |   |   | 1                             |                       | ST-ZIP                        | ļ                         |  |                         |                            |                        |                                   |                        |                   | ]              |
| TITLE  | D   |  |   | DELETE                                    | 4.1 T                         |                       | J. 2.                         | 1                         | ····   |                         | <del></del>                |                        |                                   | Change                 |                   | Addition       |
| NAME   | CARTER, RICHARD C.                                |  |   | 4.2                                       |                               |                       |                               |                           |  |                         |                            |                        |                                   | •                      |                   |                |
| STREET ADDRESS   | STREET ADDRESS 2633 BACCARAT DRIVE                |  |   | 43 S                                      |                               |                       | STREET ADDRESS                |                           |  |                         |                            |                        |                                   |                        |                   |                |
| CITY-ST-ZIP  |   | R CITY FL  |   |   |                               |                       | 1-ZIP                         |                           |  |                         |                            |                        |                                   |                        |                   |                |
| TITLE  | V   |  |   | <b>▼</b> DELETE                           | 511                           |                       |                               | 1                         |  |                         |                            |                        |                                   | Change                 |                   | Addition       |
| NAME   | FROST.  | WILBUR   |   |   | 5.2 N                         | AME                   |                               |                           |  |                         |                            |                        |                                   | ·                      | _                 |                |
| STREET ADDRESS   |   | W 79TH COURT   |   |   |                               |                       | ADDRESS                       |                           |  |                         |                            |                        |                                   |                        |                   |                |
| CITY-ST-ZIP  | MIAMI F   |  |   |   |                               |                       | 1 - ZIP                       |                           |  |                         |                            |                        |                                   |                        |                   |                |
| TITLE  | D   | <del></del>  |   | ☐ DELETE                                  | 6.1 T                         |                       |                               | 1                         |  |                         | ,                          |                        |                                   | ☐ Change               |                   | Addition       |
| NAME   | _   | CARROLL  |   | _   | 6.2 N                         |                       |                               |                           |  |                         |                            |                        |                                   | ٠                      | _                 |                |
| STREET ADDRESS   |   | N SATH ST.   |   |   | 1                             |                       | ADDRESS                       | 1                         |  |                         |                            |                        |                                   |                        |                   | j              |

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.