

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90071 016 ****61.25

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01102005 Chg-NP CR2E037 (10/03)

DOCUMENT # 719293			
1. Entity Name: THE UNIVERSITY YACHT CLUB			
Principal Place of Business WM HARVEY BENEFIELD 1261 ALGARDI AVE CORAL GABLES, FL 33146-1107		Mailing Address WM HARVEY BENEFIELD 1261 ALGARDI AVE CORAL GABLES, FL 33146-1107	
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 59-6046463		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BENEFIELD, WM H 1261 ALGARDI AVE CORAL GABLES, FL 33146-1107		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENEFIELD, W.H.	NAME	
STREET ADDRESS	1261 ALGARDI AVENUE	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 33146	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARON, ROGER E	NAME	
STREET ADDRESS	6701SW 82 AVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33143	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PITTS, W	NAME	WRIGHT, W.D.
STREET ADDRESS	14843 SW 77 COURT	STREET ADDRESS	1438 TRILLO AVENUE
CITY-ST-ZIP	MIAMI, FL 33157	CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, ROBERT	NAME	CORBETT, DOTTIE
STREET ADDRESS	417 VITTORIO AVENUE	STREET ADDRESS	610 1438 TRILLO AVENUE
CITY-ST-ZIP	CORAL GABLES, FL 33146	CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	V <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLINE, A T	NAME	
STREET ADDRESS	5112 SW 72 AVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33255	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRUSS, CARROLL	NAME	
STREET ADDRESS	8220 SW 98TH ST.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL	CITY-ST-ZIP	
12. I 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 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: <i>Wm. Harvey Benefield</i>		Date: 2/16/05 305-665-6384	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR		Daytime Phone #	
Wm. Harvey Benefield 1261 Algardi Avenue Coral Gables, FL 33146-1107			