


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90014 024 ****61.25

DOCUMENT # 719293
 1. Entity Name
THE UNIVERSITY YACHT CLUB



Principal Place of Business Mailing Address
WM HARVEY BENEFIELD **WM HARVEY BENEFIELD**
1261 ALGARDI AVE **1261 ALGARDI AVE**
CORAL GABLES FL 33146-1107 **CORAL GABLES FL 33146-1107**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
59-6046463 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BENEFIELD, WM H
1261 ALGARDI AVE
CORAL GABLES FL 33146-1107

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: *Wm Harvey Benefield* DATE: **2-19-08**
Signature of part or principal agent of registered agent, if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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

TITLE	T	<input type="checkbox"/> Delete
NAME	BENEFIELD, W.H.	
STREET ADDRESS	1261 ALGARDI AVENUE	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARON, ROGER E	
STREET ADDRESS	6701SW 82 AVE	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	V	<input type="checkbox"/> Delete
NAME	WRIGHT, W D	
STREET ADDRESS	1438 TRILLO AVE	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	P	<input type="checkbox"/> Delete
NAME	CORBETT, DOTTIE	
STREET ADDRESS	%1438 TRILLO AVE	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	S	<input type="checkbox"/> Delete
NAME	KLINE, A T	
STREET ADDRESS	5112 SW 72 AVE	
CITY-ST-ZIP	MIAMI FL 33255	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARDINER, JANET	
STREET ADDRESS	14920 SW 74 AVE	
CITY-ST-ZIP	MIAMI FL 33158	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Wm Harvey Benefield*
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Wm Harvey Benefield
1261 Algardi Avenue
Coral Gables, FL 33146-1107 2/19/08 305-665-6384