

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719293

FILED
Feb 11, 2009
Secretary of State

Entity Name: THE UNIVERSITY YACHT CLUB

Current Principal Place of Business:

WM HARVEY BENEFIELD
1261 ALGARDI AVE
CORAL GABLES, FL 331461107

New Principal Place of Business:

Current Mailing Address:

WM HARVEY BENEFIELD
1261 ALGARDI AVE
CORAL GABLES, FL 331461107

New Mailing Address:

FEI Number: 59-6046463

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENEFIELD, WM H
1261 ALGARDI AVE
CORAL GABLES, FL 331461107 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: BENEFIELD, W.H.
Address: 1261 ALGARDI AVENUE
City-St-Zip: CORAL GABLES, FL 33146

Title: D () Delete
Name: CARON, ROGER E
Address: 6701SW 82 AVE
City-St-Zip: MIAMI, FL 33143

Title: D () Delete
Name: WRIGHT, W D
Address: 1438 TRILLO AVE
City-St-Zip: CORAL GABLES, FL 33146

Title: D () Delete
Name: CORBETT, DOTTIE
Address: %1438 TRILLO AVE
City-St-Zip: CORAL GABLES, FL 33146

Title: P () Delete
Name: KLINE, A T
Address: 5112 SW 72 AVE
City-St-Zip: MIAMI, FL 33255

Title: S () Delete
Name: GARDINER, JANET
Address: 14920 SW 74 AVE
City-St-Zip: MIAMI, FL 33158

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CARON, ROGER C
Address: 6701SW 82 AVE
City-St-Zip: MIAMI, FL 33143

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: WM. H. BENEFIELD

T

02/11/2009

Electronic Signature of Signing Officer or Director

Date