FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 PM 2:22

DOCUMENT # 760396 (2)

1. Corporation Name
WOMEN'S YACHT RACING ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 331532 COCONUT GROVE FL 33133-8532	P.O. BOX 331532 COCONUT GROVE FL 33133-8532

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/13/1981
3a. Date of Last Report: 02/21/1994
4. FEI Number: 59-2380477 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	20
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

HAAF ELIZABETH
20145 NE 3RD CT #10
MIAMI FL 33179

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	1.1 TITLE	SD	☒ Change ☐ Addition
NAME	RAY, BARBARA	1.2 NAME	HANSEN, ANITA	
STREET ADDRESS	8235 SW 132 ST	1.3 STREET ADDRESS	8225 SW 96 ST	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI, FL 33156	
TITLE	TD	2.1 TITLE	TD	☒ Change ☐ Addition
NAME	PROCOPIO, LUANNE	2.2 NAME	RAY, BARBARA	
STREET ADDRESS	7915 RED RD	2.3 STREET ADDRESS	8235 SW 132 ST	
CITY-ST-ZIP	COCONUT GROVE FL	2.4 CITY-ST-ZIP	MIAMI FL 33156	
TITLE	VPD	3.1 TITLE	VPD	☒ Change ☐ Addition
NAME	PINCUS, LINDA	3.2 NAME	YOUNG, KAREN	
STREET ADDRESS	4260 S.W. 15TH STREET	3.3 STREET ADDRESS	901 PLACETAS AVE.	
CITY-ST-ZIP	CORAL GABLES FL	3.4 CITY-ST-ZIP	CORAL GABLES, FL 33146	
TITLE	PD	4.1 TITLE		☐ Change ☐ Addition
NAME	HAAF, ELIZABETH	4.2 NAME		
STREET ADDRESS	20145 NE 3RD CT #10	4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Barbara A. Ray Treasurer BARBARA A. RAY 2/4/95 (305) 233-7770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #
TREASURER

0072640