

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

APPROVED  
AND  
FILED

97 OCT -3 AM 9:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**NONPROFIT CORPORATION ANNUAL REPORT 1997**

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



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

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COCONUT GROVE FL 33133-8532

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>10/13/1981</b>	3a. Date of Last Report <b>09/03/1996</b>
4. FEI Number <b>59-2380477</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**GRES, VIKTORIA**  
**1121 CRANDON BLVD**  
**APT F307**  
**KEY BISCAINE FL 33149**

10. Name and Address of New Registered Agent

81 Name	<b>ANDREA STRINGOS</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>3613 ALHAMBRA CIRCLE</b>
83	
84 City	<b>CORAL GABLES</b>
85 Zip Code	<b>FL 33134</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

*Andrea Stringos*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

*Sept 12, 97*

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>SD</b>	1.1 TITLE	<b>PRESIDENT / DIRECTOR</b>
NAME	<b>KHU, ELAINE</b>	1.2 NAME	<b>ANDREA STRINGOS</b>
STREET ADDRESS	<b>2840 SHIPPING AVE</b>	1.3 STREET ADDRESS	<b>3613 ALHAMBRA CIRCLE</b>
CITY-ST-ZIP	<b>MIAMI FL 33133</b>	1.4 CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>
TITLE	<b>TD</b>	2.1 TITLE	<b>VICE PRESIDENT / DIRECTOR</b>
NAME	<b>GROH, ELIZABETH</b>	2.2 NAME	<b>SHARON BIVANS</b>
STREET ADDRESS	<b>9006 SW 137 ST, APT B</b>	2.3 STREET ADDRESS	<b>7505 SW 82ND STREET #108</b>
CITY-ST-ZIP	<b>MIAMI FL 33176</b>	2.4 CITY-ST-ZIP	<b>MIAMI FL 33143</b>
TITLE	<b>VPD</b>	3.1 TITLE	<b>SECRETARY / DIRECTOR</b>
NAME	<b>BROWN, KAREN</b>	3.2 NAME	<b>JEAN ANNE DAVIS</b>
STREET ADDRESS	<b>1450 LINCOLN ROAD #310</b>	3.3 STREET ADDRESS	<b>2430 TRAPP</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</b>	3.4 CITY-ST-ZIP	<b>COCONUT GROVE FL 33133</b>
TITLE	<b>PD</b>	4.1 TITLE	<b>TREASURER / DIRECTOR</b>
NAME	<b>GRES, VIKTORIA</b>	4.2 NAME	<b>SUSAN WALCUTT</b>
STREET ADDRESS	<b>1121 CRANDON BLVD, APT F307</b>	4.3 STREET ADDRESS	<b>6901 EDGEWATER DR #322</b>
CITY-ST-ZIP	<b>KEY BISCAINE FL 33149</b>	4.4 CITY-ST-ZIP	<b>CORAL GABLES FL 33133</b>
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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 *Andrea Stringos* PRESIDENT / DIRECTOR

CR2E037 (4/97)