


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 24, 2005 8:00 am**  
**Secretary of State**


02-24-2005 90038 022 \*\*\*\*61.25

<b>DOCUMENT # 768789</b>		
1. Entity Name <b>MATHESON HAMMOCK YACHT CLUB, INC.</b>		

Principal Place of Business <b>11341 SW 103 AVE MIAMI FL 33176 US</b>	Mailing Address <b>6140 SW 90 Ct. MIAMI, FL 33173 US</b>	<b>Same as</b> ←
--	---	---------------------

2. Principal Place of Business <b>6140 SW 90 Ct</b>	3. Mailing Address <b>6140 SW 90 Ct</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Miami, FL</b>	City & State <b>Miami, FL</b>
Zip <b>33173</b>	Zip <b>33173</b>
Country <b>USA</b>	Country

	
1st MOORE	CR2E037 (10/04)
4. FEI Number <b>59-2298468</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>LEE, DIANE M 10347 SW 118 ST MIAMI FL 33176</b>		7. Name and Address of New Registered Agent Name <b>Joan C. Kurucz</b> Street Address (P.O. Box Number is Not Acceptable) <b>6140 SW 90 Ct</b> City <b>Miami</b> FL Zip Code <b>33173</b>	
---	--	---	--

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 Joan C. Kurucz (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
--	--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>C</b>	<input checked="" type="checkbox"/> Delete <b>LEE, TERRY 10347 SW 118 ST. MIAMI FL 33176</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>MC</b>	<input type="checkbox"/> Delete <b>STOIK, MIKE 11333 SW 111 ST MIAMI FL 33176</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>RC</b>	<input checked="" type="checkbox"/> Delete <b>POWELL CHARLENE 12905 SW 146 CT MIAMI FL 33176</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>VC</b>	<input type="checkbox"/> Delete <b>Vicky Reynard #601 5333 Collins Ave Mia. Bch., FL 33140-2510</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>Treas.</b>	<input type="checkbox"/> Delete <b>Joan Kurucz 6140 SW 90 Ct. Miami, FL 33173</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Joan C. Kurucz 2/21/05 305-274-9881  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #