

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90013 048 ****61.25

DOCUMENT # 768789

1. Entity Name

MATHESON HAMMOCK YACHT CLUB, INC.



Principal Place of Business

**6140 SW 90 CT
MIAMI FL 33173
US**

Mailing Address

**6140 SW 90 CT
MIAMI FL 33173
US**



1st MOORE

CR2E037 (10/05)

2. Principal Place of Business

8490 SW 83 St.

Suite, Apt. #, etc.

3. Mailing Address

8490 SW 90 St.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33143

Country

USA

Zip

33143

Country

USA

4. FEI Number

59-2298468

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KURUCZ, JOAN C
6140 SW 90 CT
MIAMI FL 33173**

**ALIDA COWAN
8490 SW 83 St.
Miami, FL 33143**

7. Name and Address of New Registered Agent

Name **ALIDA COWAN**

Street Address (P.O. Box Number is Not Acceptable)

8490 SW 83 St.

City

Miami

FL

Zip Code

33143

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

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

3/1/06

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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 **VC** ☐ Delete
NAME **REYNARD, VICKY**
STREET ADDRESS **5333 COLLINS AVE #601**
CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE **VC** ☒ Delete
NAME **STOK, MIKE**
STREET ADDRESS **11333 SW 111 ST**
CITY-ST-ZIP **MIAMI FL 33176**

TITLE **VC** ☐ Delete
NAME **KURUCZ, JOAN**
STREET ADDRESS **6140 SW 90 CT**
CITY-ST-ZIP **MIAMI FL 33173**

TITLE **VC** ☐ Delete
NAME **EARL FOSTER**
STREET ADDRESS **14301 SW 75 CT**
CITY-ST-ZIP **Miami, FL 33158**

TITLE **VC** ☐ Delete
NAME **ALIDA COWAN**
STREET ADDRESS **8490 SW 83 St.**
CITY-ST-ZIP **Miami, FL 33143**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VC** ☒ Change ☐ Addition
NAME **Reynard, Vicky C**
STREET ADDRESS **5333 Collins Ave. #601**
CITY-ST-ZIP **Mia Beach, FL 33140**

TITLE **VC** ☐ Change ☒ Addition
NAME **EARL FOSTER**
STREET ADDRESS **14301 SW 75 CT**
CITY-ST-ZIP **Miami, FL 33158**

TITLE **VC** ☐ Change ☒ Addition
NAME **ALIDA COWAN**
STREET ADDRESS **8490 SW 83 St.**
CITY-ST-ZIP **Miami, FL 33143**

TITLE **VC** ☒ Change ☐ Addition
NAME **Joan Kurucz**
STREET ADDRESS **6140 SW 90 Ct.**
CITY-ST-ZIP **Miami, FL 33173**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *[Signature]*