

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768789

FILED
Apr 29, 2008
Secretary of State

Entity Name: MATHESON HAMMOCK YACHT CLUB, INC.

Current Principal Place of Business:

8490 SW 83 ST
MIAMI, FL 33143 US

New Principal Place of Business:

Current Mailing Address:

8490 SW 83 ST
MIAMI, FL 33143 US

New Mailing Address:

FEI Number: 59-2298468

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CROSBY, MERIMAC
15220 SW 158 ST
MIAMI, FL 33187 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: C () Delete
Name: FOSTER, EARL
Address: 14301 SW 75 CT
City-St-Zip: MIAMI, FL 33158

Title: BOD () Delete
Name: COWAN, ALIDA
Address: 8490 SW 83 ST
City-St-Zip: MIAMI, FL 33143

Title: BOD () Delete
Name: KURUCZ, JOAN
Address: 6140 SW 90 CT
City-St-Zip: MIAMI, FL 33173

Title: T () Delete
Name: CROSBY, MERIMAC
Address: 15220 S.W. 158 STREET
City-St-Zip: MIAMI, FL 33187

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

Title: BOD () Change (X) Addition
Name: PETER, CLANCY
Address: 16921 S.W. 80TH CT.
City-St-Zip: MIAMI, FL 33157

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: PETER J. CLANCY

BOD

04/29/2008

Electronic Signature of Signing Officer or Director

Date