

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 23 1998 8:00am
Secretary of State

| | | |
|--|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **810843** (3)

1. Corporation Name

BISCAYNE SEA CLUB

Principal Place of Business

Mailing Address

**8000 E DRIVE NORTH BAY VILLAGE
MIAMI BEACH FL 33141**

**8000 E DRIVE NORTH BAY VILLAGE
MIAMI BEACH FL 33141**



| | |
|--------------------------------|------------------------|
| 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 |

3. Date Incorporated or Qualified

02/28/1956

4. FEI Number

59-0787519

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JAFFE, LEAH S
8000 EAST DR, APT 108
N. BAY VILLAGE FL 33141**

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | SD <input type="checkbox"/> DELETE | 1.1 TITLE | VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | JAFFEE, LEAH S | 1.2 NAME | Robert Sands |
| STREET ADDRESS | 8000 EAST DR., STE. 205 | 1.3 STREET ADDRESS | 8020 East Dr. Apt. 214 |
| CITY-ST-ZIP | N. BAY VILLAGE, FL 00000 | 1.4 CITY-ST-ZIP | N. Bay Village, FL 33141 |
| TITLE | PD <input type="checkbox"/> DELETE | 2.1 TITLE | Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | CHESLEY, JOSEPHINE | 2.2 NAME | Fabio Pinheiro |
| STREET ADDRESS | 8010 E. DR. #307 | 2.3 STREET ADDRESS | 8020 East Dr. Apt. 218 |
| CITY-ST-ZIP | N. BAY VILLAGE FL | 2.4 CITY-ST-ZIP | N. Bay Village, FL 33141 |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | CAICEDO, HARRY | 3.2 NAME | Jacqueline Varone |
| STREET ADDRESS | 8010 E. DR. #207 | 3.3 STREET ADDRESS | 8000 East dr. Apt. 306 |
| CITY-ST-ZIP | N. BAY VILLAGE FL | 3.4 CITY-ST-ZIP | N. Bay Village, FL 33141 |
| TITLE | T <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MOLWAY, MARJORIE | 4.2 NAME | William Lachowyn |
| STREET ADDRESS | 8200 EAST DR. #117 | 4.3 STREET ADDRESS | 8010 East dr. Apt. 108 |
| CITY-ST-ZIP | N. BAY VILLAGE FL | 4.4 CITY-ST-ZIP | N. Bay Village, FL 33141 |
| TITLE | DVP <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BENABIB, ELIAS | 5.2 NAME | LARRY WEAVER |
| STREET ADDRESS | 8010 E. DR. #201 | 5.3 STREET ADDRESS | 8020 EAST DR. Apt. 217 |
| CITY-ST-ZIP | N. BAY VILLAGE FL | 5.4 CITY-ST-ZIP | N. BAY VILLAGE FL 33141 |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | |
| NAME | WEAVER, LARRY | 6.2 NAME | |
| STREET ADDRESS | 8020 E. DR. #217 | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | N. BAY VILLAGE FL | 6.4 CITY-ST-ZIP | |

14. 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 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:

Leah S. Jaffe

3/30/98

305-757-0539

CR2E037 (10/97)