


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90107 044 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 810843</b>					
<b>1. Corporation Name</b> <b>BISCAYNE SEA CLUB</b>					
<b>Principal Place of Business</b> 8000 E DRIVE NORTH BAY VILLAGE MIAMI BEACH FL 33141			<b>Mailing Address</b> 8000 E DRIVE NORTH BAY VILLAGE MIAMI BEACH FL 33141		
<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		<b>3. Date Incorporated or Qualified</b> 02/28/1956 <b>4. FEI Number</b> 59-0787519 <b>Applied For</b> <input type="checkbox"/> Not Applicable <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> <b>6. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>9. Name and Address of Current Registered Agent</b> JAFFE, LEAH S 8000 EAST DR, APT 106 N. BAY VILLAGE FL 33141			<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		
<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.</b>					
<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
<b>12. OFFICERS AND DIRECTORS</b>			<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>		
TITLE VP <input type="checkbox"/> DELETE NAME SANDS, ROBERT STREET ADDRESS 8020 EAST DRIVE APT 214 CITY-ST-ZIP N BAY VILLAGE FL 33141			1.1 TITLE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME JOSEPHINE CHESLEY 1.3 STREET ADDRESS 8010 EAST DR # 307 1.4 CITY-ST-ZIP NORTH BAY VILLAGE FL 33141		
TITLE D <input checked="" type="checkbox"/> DELETE NAME PINHEIRO, FABIO STREET ADDRESS 8020 EAST DRIVE APT 218 CITY-ST-ZIP N BAY VILLAGE FL 33141			2.1 TITLE DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME MARJORIE MOLWAY 2.3 STREET ADDRESS 8020 EAST DRIVE #117 2.4 CITY-ST-ZIP N. BAY VILLAGE, FL 33141		
TITLE D <input checked="" type="checkbox"/> DELETE NAME VARONE, JACQUELINE STREET ADDRESS 8000 EAST DRIVE APT 306 CITY-ST-ZIP N BAY VILLAGE FL 33141			3.1 TITLE SECY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME JAFFE, LEAH 3.3 STREET ADDRESS 8000 EAST DR, #106 3.4 CITY-ST-ZIP N. BAY VILLAGE, FL 33141		
TITLE D <input type="checkbox"/> DELETE NAME LACHOWYN, WILLIAM STREET ADDRESS 8010 EAST DR APT 108 CITY-ST-ZIP N BAY VILLAGE FL 33141			4.1 TITLE DIR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME STERN, SEYMOUR 4.3 STREET ADDRESS 8020 EAST DR, # 315 4.4 CITY-ST-ZIP N. BAY VILLAGE, FL 33141		
TITLE T <input checked="" type="checkbox"/> DELETE NAME <del>WEAVER, LARRY</del> STREET ADDRESS 8020 EAST DRIVE APT 217 CITY-ST-ZIP N BAY VILLAGE FL 33141			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE D <input checked="" type="checkbox"/> DELETE NAME <del>WEAVER, LARRY</del> STREET ADDRESS <del>8020 E DR #217</del> CITY-ST-ZIP N. BAY VILLAGE FL			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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, with all other like empowered.**

**SIGNATURE:** *Mardorie Molway* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/10/99* *305.784.5940*  
 Date Daytime Phone #