


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90010 044 ****61.25

DOCUMENT # 810843					
1. Entity Name BISCAYNE SEA CLUB					
Principal Place of Business 8000 E DRIVE NORTH BAY VILLAGE, FL 33141		Mailing Address 8000 E DRIVE NORTH BAY VILLAGE, FL 33141		40010000	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		02072007 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-0787519	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PINGITORE, FRANK 8010 EAST DRIVE #312 NORTH BAY VILLAGE, FL 33141			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VARONE, PASCUAL		NAME		
STREET ADDRESS	8000 EAST DRIVE #306		STREET ADDRESS		
CITY-ST-ZIP	NORTH BAY VILLAGE, FL 33141		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	AVERBOOK, SARA		NAME		
STREET ADDRESS	8010 EAST DRIVE #108		STREET ADDRESS		
CITY-ST-ZIP	N BAY VILLAGE, FL 33141		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STASHAK, KAREN		NAME		
STREET ADDRESS	8010 EAST DRIVE #207		STREET ADDRESS		
CITY-ST-ZIP	N BAY VILLAGE, FL 33141		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PATRICIA, FORDE		NAME		
STREET ADDRESS	8020 EAST DRIVE #317		STREET ADDRESS		
CITY-ST-ZIP	N BAY VILLAGE, FL 33141		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HART, JOHN		NAME		
STREET ADDRESS	8000 EAST DRIVE #202		STREET ADDRESS		
CITY-ST-ZIP	N BAY VILLAGE, FL 33141		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PINGITORE, FRANK		NAME		
STREET ADDRESS	8010 EAST DRIVE #312		STREET ADDRESS		
CITY-ST-ZIP	N. BAY VILLAGE, FL 33141		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Karen L Stashak</i> KAREN L STASHAK			3/24/07 305)759-1023		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		