

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90034 033 \*\*\*\*61.25

<b>DOCUMENT # 810843</b> 1. Entity Name <b>BISCAYNE SEA CLUB</b>					
Principal Place of Business <b>8000 E DRIVE NORTH BAY VILLAGE, FL 33141</b>			Mailing Address <b>8000 E DRIVE NORTH BAY VILLAGE, FL 33141</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-0787519</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>SANDS, ROBERT 8020 EAST DRIVE #214 NORTH BAY VILLAGE, FL 33141</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>VARONE, PASQUALE</b> <b>8000 EAST DRIVE #306</b> <b>NORTH BAY VILLAGE, FL 33141</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>AHR, PAUL</b> <b>8020 EAST DRIVE #318</b> <b>N BAY VILLAGE, FL 33141</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T.</b> <b>STASHAK, KAREN</b> <b>8010 EAST DRIVE #207</b> <b>N BAY VILLAGE, FL 33141</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>FORDE, PATRICIA</b> <b>8020 EAST DRIVE #317</b> <b>N BAY VILLAGE, FL 33141</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ESCOBAR, RODRIGO</b> <b>8010 EAST DRIVE #110</b> <b>N BAY VILLAGE, FL 33141</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ADDARIO, MARCELLO</b> <b>8020 EAST DRIVE #315</b> <b>N. BAY VILLAGE, FL 33141</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>LAURA ROZEN</b> <b>8010 EAST DRIVE #211</b> <b>N. BAY VILLAGE, FL 33141</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b> <u><i>Pasquale Varone</i></u> <span style="float: right;">4/11/08</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					