


**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 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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-0787519	
Zip		Country		Applied For Not Applicable	
				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		
SANDS, ROBERT 8020 EAST DRIVE #214 NORTH BAY VILLAGE, FL 33141			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</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</b> 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	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VARONE, PASQUALE		NAME	LAURA ROZEN	
STREET ADDRESS	8000 EAST DRIVE #306		STREET ADDRESS	8010 EAST DRIVE #211	
CITY-ST-ZIP	NORTH BAY VILLAGE, FL 33141		CITY-ST-ZIP	N. BAY VILLAGE, FL 33141	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AHR, PAUL		NAME		
STREET ADDRESS	8020 EAST DRIVE #318		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	<del>P</del> VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORDE, PATRICIA		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	ESCOBAR, RODRIGO		NAME		
STREET ADDRESS	8010 EAST DRIVE #110		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	ADDARIO, MARCELLO		NAME		
STREET ADDRESS	8020 EAST DRIVE #315		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>Pasquale Varone</i>		Date: 4/11/08		Daytime Phone #	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					