2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT

Principal Place of Business

2. Principal Place of Business

1212 N LASALLE STREET

CHICAGO IL 60610

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

F96000001218

Mailing Address

CHICAGO IL 60610

3. Mailing Address

City & State

Suite, Apt. #, etc.

SUITE 110

1212 N LASALLE STREET

1. Entity Name

SUITE 110

THE YACHT CLUB AT AVENTURA, INC.

Country

6. Name and Address of Current Registered Agent



FILED Mar 18, 2003 8:00 am Secretary of State

03-18-2003 90069 004 ***150.00

,	
☐ CHECK HERE IF MAKING C	CHANGES
4. FEI Number	
36-4068498	Not Applianble

CORPORATE SERVICE COMPANY 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301

Name		
Street Address (P.O. Box Number is N	lot Acceptable)	
City .	E a	Zip Code

7. Name and Address of New Registered Agent

5. Certificate of Status Desired

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.

Country

Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00

(NOTE: Registered Agent signature required when reinstating)

DATE

\$8.75 Additional

Fee Required

After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 9. Election Campaign Financing Trust Fund Contribution.

ADDITIONS /CHANGES TO DESICEDS AND DIRECTORS IN 11

\$5.00 May Be Added to Fees

IV.	OFFICENS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICE IS AND DIRECTORS IN TO		
TITLE	PD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	GOULETAS, STEVEN		NAME		
STREET ADDRESS	1028 N CLARK SUITE 410		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60611		CITY-ST-ZIP		
TITLE	VS	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	DIBENEDETTO, ANTHONY R		NAME		J
STREET ADDRESS	1212 N LASALLE SUITE 110		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60611		CITY-ST-ZIP		
TITLE	T	☐ Deleté	TITLE	~ ☐ Change	☐ Addition
NAME	SCHWARK, JAMES		NAME		
STREET ADDRESS	1212 N LASALLE SUITE 100		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60611		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		J
CITY-ST-ZIP			CITY-ST-ZIP	•	
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		}
STREET ADDRESS			STREET ADDRESS		}
CITY-ST-ZIP			City-St-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		}
CITY-ST-ZIP			CITY-ST-ZIP		į

12. 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 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 607, 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