

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90050 032 ****61.25

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1. Entity Name

BISCAYNE BAY SAILING CLUB CORPORATION



Principal Place of Business

**8920 SW 79TH AVE
MIAMI FL 33156**

Mailing Address

**8920 SW 79TH AVE
MIAMI FL 33156**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MICHAEL, SOPHIE
8920 SW 79TH AVE
MIAMI FL 33156**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	FREEHLING, THOMAS A	
STREET ADDRESS	P O BOX 220197	
CITY-ST-ZIP	HOLLYWOOD FL 33022	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MICHAEL, SOPHIE	
STREET ADDRESS	8920 SW 79TH AVE	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MONTGOMERY, SARA	
STREET ADDRESS	11225 SW 111 ST	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SHRADER, GARY	
STREET ADDRESS	8500 SW 212 STREET #202	
CITY-ST-ZIP	MIAMI FL 33189	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ENGLE, NORMA	
STREET ADDRESS	7915 SW 86 ST #706	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	EMDEN, NITA	
STREET ADDRESS	12900 SW 81 ST	
CITY-ST-ZIP	MIAMI FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HURLEY, TOM	
STREET ADDRESS	6821 SW 71 AVE.	
CITY-ST-ZIP	SOUTH MIAMI, FL 33143	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEMPLE, CAROL	
STREET ADDRESS	7757 SW 86 ST. - C314	
CITY-ST-ZIP	MIAMI, FL 33143	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYDSTON, DEBORAH	
STREET ADDRESS	1644 N. GOLDENEYE LANE	
CITY-ST-ZIP	HOMESTEAD, FL 33035	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL, SOPHIE	
STREET ADDRESS	8920 SW 79 AVE.	
CITY-ST-ZIP	MIAMI, FL 33156	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EMDEN, MARK	
STREET ADDRESS	12900 SW 81 ST.	
CITY-ST-ZIP	MIAMI, FL 33183	

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 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: SOPHIE MICHAEL *Sophie Michael*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/04

Date

305-271-4561

Daytime Phone #