

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

APPROVAL  
AND  
FILED

05 MAY 10 PM 5:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04272005 Chg-NP CR2E037 (10/03) *MRB*

<b>DOCUMENT # N03000006349</b> 1. Entity Name SOUTH FLORIDA YACHT CLUB, INC.					
Principal Place of Business 10910 SW 10 CT DAVIE, FL 33324				Mailing Address 10910 SW 10 CT DAVIE, FL 33324	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 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		
FILINGS, INC. 3732 NW 16 ST FT LAUDERDALE, FL 33311			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>		
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</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANANIA, RONALD J 10910 SW 10 CT DAVIE, FL 33324	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAPPA, RICHARD 10910 SW 10 CT DAVIE, FL 33324	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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 11 or Block 11 if changed, or on an attachment with an address, with all other like information covered.					
<b>SIGNATURE:</b> <i>[Signature]</i>		CHARLES M. DIVETO, JR., CPA, PA CERTIFIED PUBLIC ACCOUNTANT 7425 W. 4th STREET PLANTATION, FLORIDA 33317		Date: 4/29/05 Daytime Phone #: 954-346300	

#61.25