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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -9 AM 11:22

DOCUMENT # N14191 (3)

1. Corporation Name
HOMESTEAD BAYFRONT YACHT CLUB, INC.

Principal Place of Business	Mailing Address
NORTH CANAL DRIVE P. O. BOX 444 HOMESTEAD FL 33090-0444	NORTH CANAL DRIVE P. O. BOX 444 HOMESTEAD FL 33090-0444

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/04/1986
3a. Date of Last Report: 02/01/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

TROLIO, JOHN
3618 ALCANDARA AVENUE
MIAMI FL 33178

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	STRANDHAGEN, HARRY I	1.2 NAME		
STREET ADDRESS	24505 S.W. 164 AVENUE	1.3 STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD FL	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE	VD	XX Change ☐ Addition
NAME	POWELL, DWAYNE	2.2 NAME	THOMAS, LARRY	
STREET ADDRESS	12905 SW 116 COURT	2.3 STREET ADDRESS	27205 S.W. 162 Ct.	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	HOMESTEAD FL 33031	
TITLE	TD	3.1 TITLE		☐ Change ☐ Addition
NAME	JUDGE, JOHN W	3.2 NAME		
STREET ADDRESS	2620 S.E. 7TH PLACE	3.3 STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD FL	3.4 CITY-ST-ZIP		
TITLE	SD	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	LUNDY, JUDY	4.2 NAME	CAMP, MARY ANNE	
STREET ADDRESS	9698 S.W. 328 STREET	4.3 STREET ADDRESS	19341 HOLIDAY RD.	
CITY-ST-ZIP	HOMESTEAD FL	4.4 CITY-ST-ZIP	MIAMI, FL. 33157	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	SPRINGER, CAS	5.2 NAME		
STREET ADDRESS	711 FALCON AVE.	5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	MACGRATH, JUDY	6.2 NAME		
STREET ADDRESS	9720 S.W. 147 ST.	6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: JOHN W. JUDGE TREASURER February 6, 1995 (305) 858-6666
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone Number

0040720