

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N14191 (3)

1. Corporation Name

HOMESTEAD BAYFRONT YACHT CLUB, INC.

Principal Place of Business

NORTH CANAL DRIVE  
P. O. BOX 444  
HOMESTEAD FL 33090-0444

Mailing Address

NORTH CANAL DRIVE  
P. O. BOX 444  
HOMESTEAD FL 33090-0444



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/04/1986		3a. Date of Last Report 02/09/1995	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0655780 <del>NOT APPLICABLE</del>		Applied For <input type="checkbox"/> Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
TROLO, JOHN 3618 ALCANDARA AVENUE MIAMI FL 33178				81 Name Judge, John W. 82 Street Address (P.O. Box Number is Not Acceptable) 2620 S.W. Place 83 84 City Homestead FL 85 Zip Code 33030			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	NAME	STRANDHAGEN, HARRY I	11 TITLE	PD	NAME	Clemons Linda
STREET ADDRESS		STREET ADDRESS	24505 S.W. 164 AVENUE	12 NAME		STREET ADDRESS	18702 S.W. 91 Ave. Miami, FL 33157
CITY - ST - ZIP		CITY - ST - ZIP	HOMESTEAD FL	13 STREET ADDRESS		CITY - ST - ZIP	
TITLE	VD	NAME	THOMAS, LARRY	21 TITLE	VD	NAME	Mc Dermont George
STREET ADDRESS		STREET ADDRESS	27205 SW 162 CT	22 NAME		STREET ADDRESS	16745 S.W. 87 Ct.
CITY - ST - ZIP		CITY - ST - ZIP	HOMESTEAD FL	23 STREET ADDRESS		CITY - ST - ZIP	Miami, FL 33157
TITLE	TD	NAME	JUDGE, JOHN W	31 TITLE	TD	NAME	Lawrence Denyse
STREET ADDRESS		STREET ADDRESS	2620 S.E. 7TH PLACE	32 NAME		STREET ADDRESS	7990 S.W. 132 St.
CITY - ST - ZIP		CITY - ST - ZIP	HOMESTEAD FL	33 STREET ADDRESS		CITY - ST - ZIP	Miami, FL 33156
TITLE	SD	NAME	CAMP, MARY ANNE	41 TITLE		NAME	
STREET ADDRESS		STREET ADDRESS	19341 HOLIDAY RD	42 NAME		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	MIAMI FL	43 STREET ADDRESS		CITY - ST - ZIP	
TITLE	D	NAME	SPRINGER, CAS	51 TITLE		NAME	800001884588
STREET ADDRESS		STREET ADDRESS	711 FALCON AVE.	52 NAME		STREET ADDRESS	-07/05/96--01020--031
CITY - ST - ZIP		CITY - ST - ZIP	MIAMI FL	53 STREET ADDRESS		CITY - ST - ZIP	***61.25
TITLE	D	NAME	MACGRATH, JUDY	61 TITLE		NAME	
STREET ADDRESS		STREET ADDRESS	9720 S.W. 147 ST.	62 NAME		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	MIAMI FL	63 STREET ADDRESS		CITY - ST - ZIP	
				64 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)(k), 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:

Denyse Lawrence Treasurer

2/6/96 (305) 251-6354

CR2E037 (12/95)