


FILE NOW: FILING FEE IS \$61.25

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90169 031 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N14191

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
21	26	04/04/1986
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	65-0655780
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
24	25	<input type="checkbox"/> \$8.75 Additional Fee Required
	29	6. Election Campaign Financing
	30	<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

JUDGE, JOHN W
 2620 SW PLACE
 HOMESTEAD FL 33030

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 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

John W. Judge

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

(NOTE: Registered Agent signature required when reinstating)

4/29/99

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWELL, DWAYNE	1.2 NAME	LARRY Roesch
STREET ADDRESS	12905 SW 116 CT	1.3 STREET ADDRESS	17330 SW 246 St.
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Homestead, FL 33031
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROESCH, LARRY	2.2 NAME	Red Newlan
STREET ADDRESS	17330 S W 246 ST	2.3 STREET ADDRESS	49 N.W 17 St.
CITY-ST-ZIP	HOMESTEAD FL 33031	2.4 CITY-ST-ZIP	Homestead, FL 33030
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIHHAMON, JOHN F	3.2 NAME	Denyse Lawrence
STREET ADDRESS	2640 S E 7 PLACE	3.3 STREET ADDRESS	7990 SW 132 St.
CITY-ST-ZIP	HOMESTEAD FL 33033	3.4 CITY-ST-ZIP	Miami FL 33156
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEETS, CAROLYNE	4.2 NAME	Charlene Powell
STREET ADDRESS	8160 S W 138 CT	4.3 STREET ADDRESS	12905 SW 116 Ct.
CITY-ST-ZIP	MIAMI FL 33183	4.4 CITY-ST-ZIP	MIAMI FL 33176
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:

Denyse Lawrence
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Denyse Lawrence
 Date: 4/29/99 Daytime Phone #: 305-251-6354

CR2E037 (11/98)