## **NOT-FOR-PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR) 🐭

DOCUMENT # NI419 1

## FILED Feb 25, 2002 8:00 am Secretary of State

1. Entity Nar	mestend Bay From	nt Yacht Clu	b. Inc.		2-25-2002 90036 018	3 ****61.25	
DO NOT WRITE IN THIS SPACE				* ·	823283		
HOMESTE	Place of Business AD BAYFRON MARINA	3. Mailing Address NoRT CANAL DR	rt canal dr				
Suite, Apt	i. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc. P-0- Box H444		DO NOT WRITE IN THIS SE	PACE	
City & State		City & State	City & State HONESTEA: FL		4. FEI Number Applied For Not Applicable		
Zip	Country	Zip 33090-0444			5. Certificate of Status Desired S8.75 Additional Fee Required		
			X Name		ss of Current Registered A	Agent	
	DO NOT W	RITE	JANICE MAYER  Street Address (P.O. Box Number is Not Acceptable)				
5	IN THIS SP	ACE	2	3405 80 1520	<u> エ・・                                  </u>		
	m**** :		City 11	omestead	FL	Zip Code 33032	
8. The above	e named entity submits this statement for	the purpose of changing its reg	gistered office or re	egistered agent, or both, in the	ne state of Florida.	3.002	
SIGNATURE	Signature, typed or printed name of registered agent a			required when reinstating)	2-4-02 DATE		
Initial or Amended UBR		9. Election Campa Trust Fund Con	· · -	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIR	ECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROBERT TIMMUS 21200 SU GY W MINME, FL 3	ns Unit 2199	TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DICK KLINE 34 EAGLE DR. 16EY LARGO FL 330		TITLE NAME STREET AODRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR JANICE MAYER 2340S SW 152CT. HOMESTEAD FL 3	3032	TITLE NAME STREET ADDRESS CITY-ST-ZIP	- DO	NOT WRIT	فيشينين در ۽ شمو - سونسيدي	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TERESA DEAN 8445 SW 184 LANE HIAMI - FL 3315	7	TITLE NAME STREET ADDRESS CITY- ST-ZIP	<u> </u>	HIS SPAC		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-	TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	,			

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

305-245-4904