

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14191

FILED  
Mar 29, 2004  
Secretary of State

Entity Name: HOMESTEAD BAYFRONT YACHT CLUB, INC.

**Current Principal Place of Business:**

NORTH CANAL DRIVE  
P. O. BOX 444  
HOMESTEAD, FL 330900444

**New Principal Place of Business:**

**Current Mailing Address:**

NORTH CANAL DRIVE  
P. O. BOX 444  
HOMESTEAD, FL 330900444

**New Mailing Address:**

17330 SW 246 ST  
HOMESTEAD, FL 33031

FEI Number: 65-0655780

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CLEMONS, BILL  
662 SW 22 DRIVE  
HOMESTEAD, FL 330335204 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CLEMMONS, BILL  
Address: 662 SE 22 DRIVE  
City-St-Zip: HOMESTEAD, FL 330335204

Title: VP ( ) Delete  
Name: MCDERMOTT, GEORGE  
Address: 4623 SW 132 COURT  
City-St-Zip: MIAMI, FL 331577681

Title: TD ( ) Delete  
Name: POWELL, CHARLENE  
Address: 12905 SW 115 COURT  
City-St-Zip: MIAMI, FL 331768354

Title: SC ( ) Delete  
Name: DEAN, TERESA  
Address: 8445 SW 184TH LANE  
City-St-Zip: MIAMI, FL 33157

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: ROESCH, SHARON  
Address: 17330 SW 246 ST  
City-St-Zip: MIAMI, FL 33031

Title: SC (X) Change ( ) Addition  
Name: MCDERMOTT, ANNEBELLE  
Address: 14623 SW 132 CT  
City-St-Zip: MIAMI, FL 33186

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON ROESCH

TD

03/29/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date