

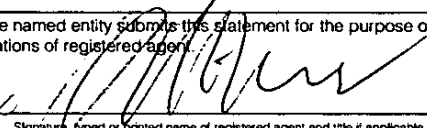
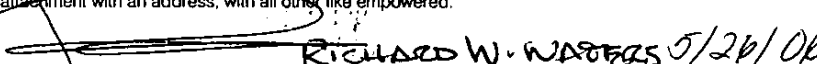


**2006 NOT-FOR-PROFIT CORPORATION
AMENDED ANNUAL REPORT**

FILED
May 28, 2006 8:00 A.M.
Secretary of State

| | | | | | |
|--|-------------------------|--|---|---|---|
| DOCUMENT # N15222 | | | |  | |
| 1. Entity Name BAY YACHT CLUB MARINA ASSOCIATION, INC. | | | | | |
| Principal Place of Business 740 S FEDERAL HWY #506 POMPANO BEACH, FL 33062 US | | Mailing Address 740 S FEDERAL HWY #506 POMPANO BEACH, FL 33062 US | |  05232006 Chg-NP CR2E037 (4/06) <i>N/C</i> | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 65-0463952 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| FRISHMAN, JOHN 740 S. FEDERAL HWY #506 POMPANO BEACH, FL 33062 | | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE  | | JOHN FRISHMAN | | 5-26-06 | |
| Amended AR is \$61.25 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| | | | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | S | <input type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | FRISHMAN, JOHN | | NAME | | |
| STREET ADDRESS | 740 S. FEDERAL HWY #506 | | STREET ADDRESS | | |
| CITY-ST-ZIP | POMPANO BEACH, FL 33062 | | CITY-ST-ZIP | | |
| TITLE | P | <input type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | HUGGINS, MICHAEL | | NAME | | |
| STREET ADDRESS | 740 S FEDERAL HWY #404 | | STREET ADDRESS | | |
| CITY-ST-ZIP | POMPANO BEACH, FL 33062 | | CITY-ST-ZIP | | |
| TITLE | T | <input type="checkbox"/> Delete | TITLE | D/VP | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | WATER, RICHARD | | NAME | WATERS, RICHARD W. | |
| STREET ADDRESS | 740 S FEDERAL HWY #403 | | STREET ADDRESS | | |
| CITY-ST-ZIP | POMPANO BEACH, FL 33062 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE:  | | RICHARD W. WATERS | | 5/26/06 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | | Daytime Phone # | |