

FILE NOW: FILING FEE IS \$61.25

FILED

**Mar 31 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N37392 (0)
1. Corporation Name
DEERING BAY YACHT AND COUNTRY CLUB, INC.



Principal Place of Business 13605 OLD CUTLER ROAD MIAMI FL 33158-1334	Mailing Address 13605 OLD CUTLER ROAD MIAMI FL 33158-1334
---	---

3. Date Incorporated or Qualified 04/02/1990	
4. FEI Number 65-0202366	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

6. Name and Address of Current Registered Agent

**HASTINGS, VIVEN N
WCI COMMUNITIES
24301 WALDEN CENTER DRIVE
BONITA SPRINGS FL 34134**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NELSON, BRUCE K	1.2 NAME	Stanley P. Whitcomb, Jr.
STREET ADDRESS	C/O 13605 OLD CUTLER RD	1.3 STREET ADDRESS	13605 Old Cutler Road
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, FL
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GIFT, JESS	2.2 NAME	David L. Fry
STREET ADDRESS	13605 OLD CUTLER RD	2.3 STREET ADDRESS	24301 Walden Center Drive
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Bonita Springs, FL
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAY, DOUGLAS T	3.2 NAME	Christopher J. Hanlon
STREET ADDRESS	C/O 13605 OLD CUTLER RD.	3.3 STREET ADDRESS	24301 Walden Center Drive
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Bonita Springs, FL
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	IMMO BARTELS	4.2 NAME	Rita M. Binn
STREET ADDRESS	C/O 13605 OLD CUTLER RD.	4.3 STREET ADDRESS	13605 Old Cutler Road
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	Miami, FL
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Steven C. Adelman
STREET ADDRESS		5.3 STREET ADDRESS	24301 Walden Center Drive
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Bonita Springs, FL
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.

Christopher J. Hanlon Vice President

SIGNATURE: _____ 2/11/98 (941) 947-2600

CR2E037 (1097)