

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90022 001 ***551.25

0032770

NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N37392

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26	24301 Walden Center Drive	04/02/1990	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0202366	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28	Bonita Springs, FL	\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29	34134	\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HASTINGS, VIVIEN N WCI COMMUNITIES 24301 WALDEN CENTER DRIVE BONITA SPRINGS FL 34134				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DS	<input checked="" type="checkbox"/> DELETE		11 TITLE	DVS	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WHITCOMB, STANLEY P JR			12 NAME	John F. Coolahan		
STREET ADDRESS	13605 OLD CUTLER RD			13 STREET ADDRESS	13605 Old Cutler Road		
CITY-ST-ZIP	MIAMI FL			14 CITY-ST-ZIP	Miami, FL		
TITLE	DP	<input type="checkbox"/> DELETE		21 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FRY, DAVID L			22 NAME			
STREET ADDRESS	24301 WALDEN CTR DR			23 STREET ADDRESS			
CITY-ST-ZIP	BONITA SPRINGS FL			24 CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> DELETE		31 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HANLON, CHRISTOPHER J			32 NAME			
STREET ADDRESS	24301 WALDEN CTR DR			33 STREET ADDRESS			
CITY-ST-ZIP	BONITA SPRINGS FL			34 CITY-ST-ZIP			
TITLE	DT	<input checked="" type="checkbox"/> DELETE		41 TITLE	DT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BINN, RITA M			42 NAME	Kim F. Bosaw		
STREET ADDRESS	13605 OLD CUTLER RD			43 STREET ADDRESS	24301 Walden Center Drive		
CITY-ST-ZIP	MIAMI FL			44 CITY-ST-ZIP	Bonita Springs, FL 34134		
TITLE	V	<input type="checkbox"/> DELETE		51 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ADELMAN, STEVEN C			52 NAME			
STREET ADDRESS	24301 WALDEN CTR DR			53 STREET ADDRESS			
CITY-ST-ZIP	BONITA SPRINGS FL			54 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		61 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY-ST-ZIP				64 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 David L. Fry, President

1/22/99 (941) 947-2600

Date Daytime Phone #

CR2E037 (1/1/98)