

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90036 037 ****70.00

DOCUMENT # N37392

1. Entity Name

DEERING BAY YACHT AND COUNTRY CLUB, INC.

Principal Place of Business

Mailing Address

13605 OLD CUTLER ROAD
 MIAMI FL 33158-1334

24301 WALDEN CENTER DR.
 BONITA SPRINGS FL 34134-4920

2. Principal Place of Business

13610 Deering Bay Dr.

3. Mailing Address

150 West Flagler Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

27th Floor

City & State

Coral Gables, FL

City & State

Miami, FL

4. FEI Number

65-0202366

Applied For

Not Applicable

Zip

33158

Country

U.S.A.

Zip

33130

Country

U.S.A.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **Michael L. Hyman**

Street Address (P.O. Box Number is Not Acceptable)
150 West Flagler Street

27th Floor

City **Miami**

FL

33130

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.

SIGNATURE 

(NOTE: Registered Agent signature required when reinstating)

DATE **4/17/00**

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
DVS	COOLAHAN, JOHN F	13605 OLD CUTLER RD	MIAMI FL	<input checked="" type="checkbox"/>
DP	FRY, DAVID L	24301 WALDEN CTR DR	BONITA SPRINGS FL	<input checked="" type="checkbox"/>
DV	HANLON, CHRISTOPHER J	24301 WALDEN CTR DR	BONITA SPRINGS FL	<input checked="" type="checkbox"/>
DT	BOSAW, KIM F	24301 WALDEN CENTER DR.	BONITA SPRINGS FL 34134	<input checked="" type="checkbox"/>
V	ADELMAN, STEVEN C	24301 WALDEN CTR DR	BONITA SPRINGS FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
President, Chmn, Director	Carroll, Charles P.	13637 Deering Bay Dr., #272	Coral Gables, FL 33158	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Vice-Pres, Director	Bernkrant, Allen	13643 Deering Bay Dr., #125	Coral Gables, FL 33158	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Secretary, Director	Lieberman, Warren	13635 Deering Bay Dr., #234	Coral Gables, FL 33158	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Treasurer, Director	Gross, Howard	13647 Deering Bay Dr., #141	Coral Gables, FL 33158	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Director	Bornstein, Stuart N.	5901 SW 100th Terrace	Miami, FL 33156	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Director	Mays, R. Danny	14610 SW 64th Court	Miami, FL 33158	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Charles P. Carroll, Pres: 4/17/00-05-235-0053**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #