


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90039 042 ****61.25

DOCUMENT # N37392

1. Entity Name
DEERING BAY YACHT AND COUNTRY CLUB, INC.



Principal Place of Business
13610 DEERING BAY DR
CORAL GABLES, FL 33158 US

Mailing Address
13610 DEERING BAY DR
CORAL GABLES, FL 33158 US

54009659



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01142004 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0202366

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

REISMAN, JOSEPH
1 S.E. 3RD AVE.
SUITE #3050
MIAMI, FL 33131

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SIFFORD, RALPH	
STREET ADDRESS	13641 DEERING BAY DR., #117	
CITY-ST-ZIP	CORAL GABLES, FL 33158	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KALSTONE, FERNE	
STREET ADDRESS	13645 DEERING BAY DR, #134	
CITY-ST-ZIP	CORAL GABLES, FL 33158	
TITLE	T	<input type="checkbox"/> Delete
NAME	PERLMAN, DAVID	
STREET ADDRESS	6024 PARADISE POINT DR.	
CITY-ST-ZIP	MIAMI, FL 33157	
TITLE	S	<input type="checkbox"/> Delete
NAME	CARROLL, CHARLES	
STREET ADDRESS	13637 DEERING BAY DRIVE # 272	
CITY-ST-ZIP	CORAL GABLES, FL 33158	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIEGEL, BARRY DR.	
STREET ADDRESS	13643 DEERING BAY DR., #116	
CITY-ST-ZIP	CORAL GABLES, FL 33158	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCKEAN, RANDOLPH	
STREET ADDRESS	13627 DEERING BAY DR, #204	
CITY-ST-ZIP	CORAL GABLES, FL 33158	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bernkrant, ALLEN	
STREET ADDRESS	13643 DEERING BAY DRIVE #272	
CITY-ST-ZIP	CORAL GABLES FL 33158	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

(305) 254-2111