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.							02-23-20	0120032	. 12	01.23
13610 DEERING BAY DR 136			iling Address 1610 DEERING BAY DR DRAL GABLES, FL 33158 US			54009659				
2. Principal Place of Business 3. I			3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01142004	Chg-NP	CR2E037	(10/03)		
City & State		City & State			4. FEI Number 65-02023	66		No	oplied For ot Applicable	
Žip		Country	Zip	Country		_5. Certificate of	Status Desired	\$	8.75 Add	ditional
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
REISMAN, JOSEPH				Nam	θ					
1 S.E. 3RD AVE. SUITE #3050				Stree	Street Address (P.O. Box Number is Not Acceptable)					
MIAMI, FL			_				··· <u>-</u>			
			,	City				FL	Zip Cod	е
8. The above the obligat	named entity	y submits this statement for the tered agent.	purpose of changing its re	egistered offic	e or register	ed agent, or both,	in the State of F		miliar with,	and accept
$F_{-k} = e^{-\frac{i}{2}} F_{-k}$	Lar									
SIGNATURE.	Signature, typed	or printed name of registered agent and title	e if applicable. (NOTE: I	Registered Agent si	gnature required	when reinstating)		DATE		
Filing Fee is \$61.25 Due by May 1, 2004				9. Election Campaign Financing Trust Fund Contribution.				Make check orida Departi		
10.	·					Added to Fees	- Maria di fina estra			
TITLE	l .~	OFFICERS AND DIRECT		11.		ADDITIONS/CHAN	GES TO OFFIC	ERS AND DIRI		I 10
NAME	P SIFFORD		ORS Delete	11. TITLE NAME			GES TO OFFIC	ERS AND DIRI	ECTORS IN	ggudinak
NAME STREET ADDRESS CITY-ST-ZIP	SIFFORD 13641 DE			TITLE			GES TO OFFIC	ERS AND DIRI		I 10
STREET ADDRESS CITY-ST-ZIP TITLE	SIFFORD 13641 DE CORAL G VP	, RALPH ERING BAY DR., #117 ABLES, FL 33158		TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE			GES TO OFFIC	ERS AND DIRI		I 10
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indicated on this report or su of the corporation of the rece changed, or on an attachme ort 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 fempowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if ess, with all other into provered.

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

254-211