
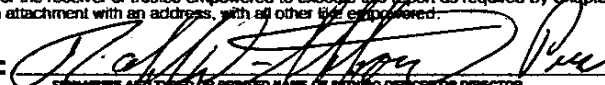


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90084 020 \*\*\*\*61.25

<b>DOCUMENT # N37392</b>					
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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
REISMAN, JOSEPH 1 S.E. 3RD AVE. SUITE #3050 MIAMI, FL 33131				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P	<input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIFFORD, RALPH			NAME	Barry Siegel
STREET ADDRESS	13641 DEERING BAY DR., #117			STREET ADDRESS	13643 Deering Bay Drive #116
CITY-ST-ZIP	CORAL GABLES, FL 33158			CITY-ST-ZIP	Coral Gables, FL 33158
TITLE	VP	<input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KALSTONE, FERNE			NAME	Stuart Bornstein
STREET ADDRESS	13845 DEERING BAY DR., #134			STREET ADDRESS	5901 SW 100 Terrace
CITY-ST-ZIP	CORAL GABLES, FL 33158			CITY-ST-ZIP	Pinecrest, FL 33156
TITLE	D	<input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERNKRAUT, ALLEN			NAME	Lee Noldeman
STREET ADDRESS	13643 DEERING BAY DR # 272			STREET ADDRESS	9241 SW 103 street
CITY-ST-ZIP	CORAL GABLES, FL 33158			CITY-ST-ZIP	Miami, FL 33176
TITLE	S	<input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARROLL, CHARLES			NAME	Patricio Cervantes
STREET ADDRESS	13637 DEERING BAY DRIVE # 272			STREET ADDRESS	13633 Deering Bay Dr. #245
CITY-ST-ZIP	CORAL GABLES, FL 33158			CITY-ST-ZIP	Coral Gables, FL 33158
TITLE	D	<input type="checkbox"/> Delete		TITLE	
NAME	SIEGEL, BARRY DR.			NAME	
STREET ADDRESS	13643 DEERING BAY DR., #116			STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 33158			CITY-ST-ZIP	
TITLE	T	<input type="checkbox"/> Delete		TITLE	
NAME	MCKEAN, RANDOLPH			NAME	
STREET ADDRESS	13627 DEERING BAY DR, #204			STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 33158			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: 				3/17/05	
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR				Date	
				305-254-2111	
				DayTime Phone #	