

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90032 046 \*\*\*\*61.25

**60018931**



02082006 Chg-NP CR2E037 (11/05)

<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
4. FEI Number 65-0202366				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	Lee Holtzman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIFFORD, RALPH		NAME	P.O. Box 660070	
STREET ADDRESS	13641 DEERING BAY DR., #117		STREET ADDRESS	Miami Springs, FL 33266	
CITY-ST-ZIP	CORAL GABLES, FL 33158		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KALSTONE, FERNE		NAME		
STREET ADDRESS	13645 DEERING BAY DR, #134		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33158		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNKRAUT, ALLEN		NAME		
STREET ADDRESS	13643 DEERING BAY DR # 272		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33158		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARROLL, CHARLES		NAME		
STREET ADDRESS	13637 DEERING BAY DRIVE # 272		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33158		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 checked="" type="checkbox"/> Delete	TITLE	Leo Chomiak	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCKEAN, RANDOLPH		NAME	14910 SW 75 COURT	
STREET ADDRESS	13627 DEERING BAY DR, #204		STREET ADDRESS	Miami FL 33158	
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 exemptions contained in Chapter 119, 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: <i>Eric Holtzman, Vice President</i>			Date: 2-8-06 305 255 2900		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		