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Feb 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000002378 (6)**

1. Corporation Name

GOLDEN ISLES YACHT CLUB, INC.



Principal Place of Business 501 LAYNE BLVD. HALLANDALE FL 33009	Mailing Address 501 LAYNE BLVD. HALLANDALE FL 33009-6523
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3. Date Incorporated or Qualified 05/17/1995	3a. Date of Last Report 02/05/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	4. FEI Number 65-0586997	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**GRIFFITH, ALAN R
413 TAMARIND DRIVE
HALLANDALE FL 33009**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0502, Florida Statutes.

SIGNATURE

Alan R. Griffith

(NOTE: Registered Agent signature required when reinstating)

DATE

2-1-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROCCONE, SALVATORE	1.2 NAME	LEITER, MARTIN
STREET ADDRESS	501 LAYNE BLVD.	1.3 STREET ADDRESS	442 HOLIDAY DRIVE
CITY-ST-ZIP	HALLANDALE FL 33009	1.4 CITY-ST-ZIP	HALLANDALE FL 33009
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEISS, RONALD	2.2 NAME	Griffith, Alan
STREET ADDRESS	460 HOLIDAY DRIVE	2.3 STREET ADDRESS	413 Tamarind Dr
CITY-ST-ZIP	HALLANDALE FL	2.4 CITY-ST-ZIP	Hallandale Fl 33009
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DISICK, DAVID DR.	3.2 NAME	Parmett, George
STREET ADDRESS	424 HOLIDAY DR.	3.3 STREET ADDRESS	530 Hibiscus Drive
CITY-ST-ZIP	HALLANDALE FL 33009	3.4 CITY-ST-ZIP	Hallandale Fl 33009
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, OWEN B.	4.2 NAME	Broccone, Phyllis
STREET ADDRESS	318 HOLIDAY DRIVE	4.3 STREET ADDRESS	501 Layne Blvd.
CITY-ST-ZIP	HALLANDALE FL	4.4 CITY-ST-ZIP	Hallandale, Fl 33009
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Cooper, Joy
STREET ADDRESS		5.3 STREET ADDRESS	301 Holiday Dr.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Hallandale Fl 33009
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Cooper, Harry
STREET ADDRESS		6.3 STREET ADDRESS	301 Holiday Drive
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Hallandale Fl 33009

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

Alan R. Griffith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alan R. Griffith

2-1-97

Date

954-458-1604

Daytime Phone # 0022556

CR2E037 (9/96)