


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90051 048 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N95000002378					
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		
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		3. Date Incorporated or Qualified 05/17/1995 4. FEI Number 65-0586997 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	
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 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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 617.0503, Florida Statutes.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LITRELL, PERRY K		1.2 NAME	Phyllis Broccione	
STREET ADDRESS	631 HIBISCUS DRIVE		1.3 STREET ADDRESS	501 LAYNE BLVD	
CITY-ST-ZIP	HALLANDALE FL 33009		1.4 CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEISS, RONALD		2.2 NAME		
STREET ADDRESS	460 HOLIDAY DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE FL		2.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEITER, MARTIN		3.2 NAME		
STREET ADDRESS	442 HOLIDAY DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE FL		3.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, OWEN B		4.2 NAME		
STREET ADDRESS	318 HOLIDAY DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE FL		4.4 CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COOPER, JOY		5.2 NAME		
STREET ADDRESS	301 HOLIDAY DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE FL		5.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COOPER, HARRY		6.2 NAME		
STREET ADDRESS	301 HOLIDAY DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE FL		6.4 CITY-ST-ZIP		

14. 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 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 my address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
OWEN SMITH

1-13-99
Date

954 454 5301
Daytime Phone #

CR2E037 (11/98)