

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005081

1. Entity Name
THE YACHT CLUB AT AVENTURA CONDOMINIUM ASSOCIATION, INC.

FILED

00 FEB 10 PM 1:44

Principal Place of Business Making Address
19777 E. COUNTRY CLUB DR. 19777 E. COUNTRY CLUB DR.
AVENTURA, FL 33180 AVENTURA, FL 33180

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business 3. Making Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

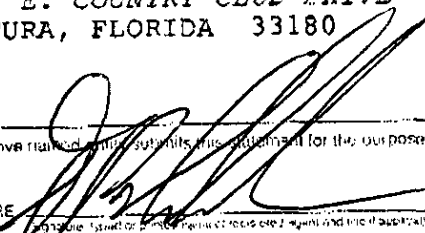
4. FLL Number **05-0720242** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
THOMAS E. SCHMITT
19999 E. COUNTRY CLUB DRIVE
AVENTURA, FLORIDA 33180

7. Name and Address of New Registered Agent
Name: WALTER P. BLACKBURN
Street Address (P.O. Box Number is Not Acceptable): 19777 E. COUNTRY CLUB DR.
City: AVENTURA FL 33180

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.

SIGNATURE:  WALTER P. BLACKBURN
(NOTE: Registered Agent signature is required when registering.)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so
FILE NOW IN FEB IS \$150.00
After May 31, 2000 Fee will be \$200.00
Make check payable to Department of State

10. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SCHMITT, BARBARA E.	
STREET ADDRESS	19999 E. COUNTRY CLUB DRIVE	
CITY-ST-ZIP	AVENTURA, FLORIDA 33180	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SCHMITT, THOMAS E.	
STREET ADDRESS	19999 E. COUNTRY CLUB DRIVE	
CITY-ST-ZIP	AVENTURA, FLORIDA 33180	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	LARREUR, KELLY	
STREET ADDRESS	19701 E. COUNTRY CLUB DRIVE	
CITY-ST-ZIP	AVENTURA, FLORIDA 33180	<input type="checkbox"/> Delete
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLACKBURN, WALTER P.	
STREET ADDRESS	19777 E. COUNTRY CLUB DRIVE	
CITY-ST-ZIP	AVENTURA, FLORIDA 33180	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	STD	
NAME	SMITH, LINDA F.	
STREET ADDRESS	19777 E. COUNTRY CLUB DRIVE	
CITY-ST-ZIP	AVENTURA, FLORIDA 33180	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VD	
NAME	CONSTANINO, PAUL	
STREET ADDRESS	19777 E. COUNTRY CLUB DRIVE	
CITY-ST-ZIP	AVENTURA, FLORIDA 33180	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

REINSTATEMENT 07-00

30000316 14085
-03/08/00--01011--009
****420.00 ****420.00

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 507, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with a address, with all other like empowered

SIGNATURE:  WALTER P. BLACKBURN
Date: 2-1-00

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