

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90133 026 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # N97000002558**  
 1. Corporation Name  
**EASTERN SHORES-AVENTURA YACHT CLUB, INC.**

Principal Place of Business C/O ROBERT GOCH 3811 NE 168TH ST NORTH MIAMI BEACH FL 33160	Mailing Address C/O ROBERT GOCH 3811 NE 168TH ST NORTH MIAMI BEACH FL 33160
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2. Principal Place of Business 21 c/o Herb Stone Suite, Apt. #, etc. 22 950 NE 199th St., Apt. 301 City & State 23 North Miami Beach, FL Zip 24 33179	2a. Mailing Address 25 c/o Herb Stone Suite, Apt. #, etc. 26 950 NE 199th St., Apt. 301 City & State 27 North Miami Beach, FL Zip 28 33179	29 USA 30 BHHH USA	3. Date Incorporated or Qualified 05/07/1997	4. FEI Number 65-0908218 NOT APPLICABLE Applied For. 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
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9. Name and Address of Current Registered Agent <b>GOCH, ROBERT</b> 3811 NE 168TH ST NORTH MIAMI BEACH FL 33160	10. Name and Address of New Registered Agent 81 Name Herb Stone 82 Street Address (P.O. Box Number is Not Acceptable) 950 NE 199th Street 83 Apt 301 84 City North Miami Beach FL 85 Zip Code 33179
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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: *[Signature]* DATE: 01/19/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D. NAME STONE, HERB STREET ADDRESS 950 NE 199TH ST CITY-ST-ZIP N MIAMI BCH FL 33179	<input type="checkbox"/> DELETE	1.1 TITLE President 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME BURKE, HARVEY STREET ADDRESS 20505 E COUNTRY CLUB DR CITY-ST-ZIP AVENTURA FL 33180	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME BURKE, HARVEY STREET ADDRESS 20505 E COUNTRY CLUB DR CITY-ST-ZIP AVENTURA FL 33180	<input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE D/T 4.2 NAME Howard Grant 4.3 STREET ADDRESS 18051 Biscayne Blvd., Apt. 1804 4.4 CITY-ST-ZIP Aventura, FL 33160	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 01/19/99 (305) 651-3831  
 Signature and typed or printed name of signing officer or director: Herb Stone

CR2E037 (11/98)