


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2005 8:00 am
Secretary of State

02-04-2005 90045 050 ****61.25

| | | | | | |
|---|-----------------------|---|---|---|--|
| DOCUMENT # N99000007272 1. Entity Name BLACK POINT YACHT AND SAILING CLUB, INCORPORATED | | | |  | |
| Principal Place of Business 11731 SW 177TH TERR. MIAMI FL 33177 | | | | Mailing Address 11731 SW 177TH TERR. MIAMI FL 33177 | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent NACKLEY, FREED SR 11731 SW 177TH TERR. MIAMI FL 33177 | | | | 4. FEI Number 65-0967608 | |
| | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fees Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| | | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW: FEE IS \$61.25 Due By: May 1, 2005 | | 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 | RCD | <input checked="" type="checkbox"/> Delete | TITLE | COMMODORE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | TRUMAN, JOHN | | NAME | WALKER, SAM | |
| STREET ADDRESS | 14320 SW 92 AVE. | | STREET ADDRESS | 19505 SW 98 AVE | |
| CITY-ST-ZIP | MIAMI FL 33176 | | CITY-ST-ZIP | MIAMI, FL 33157 | |
| TITLE | CD | <input checked="" type="checkbox"/> Delete | TITLE | VICE COMMODORE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | TURNER, JOHN | | NAME | HITCHCOCK, DAN | |
| STREET ADDRESS | 16101 SW 156TH AVE | | STREET ADDRESS | 11950 SW 87th. AVE. | |
| CITY-ST-ZIP | MIAMI FL 33186 | | CITY-ST-ZIP | MIAMI, FL. 33176 | |
| TITLE | VCD | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | WALKER, SAM | | NAME | | |
| STREET ADDRESS | 19505 SW 98 AVE. | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL 33157 | | CITY-ST-ZIP | | |
| TITLE | SD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | DIFILIPPI, MICHELLE | | NAME | | |
| STREET ADDRESS | 7381 SW 117 TR | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL 33156 | | CITY-ST-ZIP | | |
| TITLE | TD | <input checked="" type="checkbox"/> Delete | TITLE | TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | LORENZ, PETER | | NAME | BURBANK, EDUARDO | |
| STREET ADDRESS | 16540 SW 84 AVE | | STREET ADDRESS | 10500 SW. 74th. AVE | |
| CITY-ST-ZIP | PALMETTO BAY FL 33157 | | CITY-ST-ZIP | MIAMI, FL 33156 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 12. 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 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>Eduardo Burbank</i> - EDUARDO BURBANK (TD) 01-FEB-'05, 305-669-9793 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |