
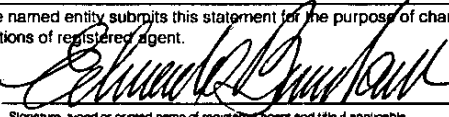
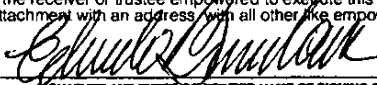


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2006 8:00 am**  
**Secretary of State**

03-28-2006 90130 024 \*\*\*\*70.00

<b>DOCUMENT # N99000007272</b>					
<b>1. Entity Name</b> BLACK POINT YACHT AND SAILING CLUB, INCORPORATED					
<b>Principal Place of Business</b> 11731 SW 177TH TERR. MIAMI, FL 33177			<b>Mailing Address</b> 11731 SW 177TH TERR. MIAMI, FL 33177		
<b>2. Principal Place of Business</b> 24775 S.W. 87 AVE.		<b>3. Mailing Address</b> 24775 S.W. 87 AVE.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> MIAMI FLORIDA.		<b>City &amp; State</b> MIAMI - FLORIDA.		<b>4. FEI Number</b> 65-0967608	
<b>Zip</b> 33032		<b>Country</b> USA		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b>		<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b>  NACKLEY, FREED SR 11731 SW 177TH TERR. MIAMI, FL 33177			<b>7. Name and Address of New Registered Agent</b> Name <b>EDUARDO BURBANIK</b> Street Address (P.O. Box Number is Not Acceptable) <b>10500 SW 74<sup>th</sup> AVE.</b> City <b>MIAMI</b> <b>FL</b> <b>Zip Code 33156</b>		
<b>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.</b>					
SIGNATURE 		<b>TREASURER</b> <b>EDUARDO BURBANIK</b>		<b>23-MAR-2006</b>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when re-registering)		DATE	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> VC	<b>NAME</b> HITCHCOCK, DAN	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 11950 SOUTHWEST 87TH AVENUE	<b>CITY-ST-ZIP</b> MIAMI, FL 33176		<b>NAME</b>	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> MIAMI, FL 33176			<b>CITY-ST-ZIP</b>		
<b>TITLE</b> TD	<b>NAME</b> BURBANIK, EDUARDO	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 10500 SOUTHWEST 74TH AVENUE	<b>CITY-ST-ZIP</b> MIAMI, FL 33156		<b>NAME</b>	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> MIAMI, FL 33156			<b>CITY-ST-ZIP</b>		
<b>TITLE</b> C	<b>NAME</b> WALKER, SAM	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 19505 SW 98 AVE.	<b>CITY-ST-ZIP</b> MIAMI, FL 33157		<b>NAME</b>	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> MIAMI, FL 33157			<b>CITY-ST-ZIP</b>		
<b>TITLE</b> SD	<b>NAME</b> DIFILIPPI, MICHELLE	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 7381 SW 117 TR	<b>CITY-ST-ZIP</b> MIAMI, FL 33156		<b>NAME</b>	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> MIAMI, FL 33156			<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<input type="checkbox"/> Delete		<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>			<b>NAME</b>		
<b>STREET ADDRESS</b>			<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<input type="checkbox"/> Delete		<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>			<b>NAME</b>		
<b>STREET ADDRESS</b>			<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b>					
<b>SIGNATURE:</b> 		<b>EDUARDO BURBANIK</b> <b>TREASURER</b>		<b>23/MAR/06 - 305-669-9793</b>	
Signature and typed or printed name of signing officer or director		Title		Daytime Phone #	