

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Sep 08, 1999 8:00 am  
Secretary of State

09-08-1999 90008 040 \*\*\*550.00

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Corporation Name

RIVIERA BEACH YACHT CLUB, INC.



Principal Place of Business  
POST OFFICE BOX 4545  
WEST PALM BEACH FL 33402

Mailing Address  
POST OFFICE BOX 4545  
WEST PALM BEACH FL 33402

DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/13/1998	
26		27		4. FEI Number APPLIED FOR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
28		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip		Zip			
25		29		30	

9. Name and Address of Current Registered Agent

CAREY, MICHAEL  
3014 SOUTH OLIVE AVENUE  
WEST PALM BEACH FL 33405

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

I, Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

Signature

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	DE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	WE	1.2 NAME	
3. CITY-STATE-ZIP	WE	1.3 STREET ADDRESS	
4. NAME	WE	1.4 CITY-STATE-ZIP	
5. STREET ADDRESS	WE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. CITY-STATE-ZIP	WE	2.2 NAME	
7. NAME	WE	2.3 STREET ADDRESS	
8. STREET ADDRESS	WE	2.4 CITY-STATE-ZIP	
9. CITY-STATE-ZIP	WE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	WE	3.2 NAME	
11. STREET ADDRESS	WE	3.3 STREET ADDRESS	
12. CITY-STATE-ZIP	WE	3.4 CITY-STATE-ZIP	
13. NAME	WE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. STREET ADDRESS	WE	4.2 NAME	
15. CITY-STATE-ZIP	WE	4.3 STREET ADDRESS	
16. NAME	WE	4.4 CITY-STATE-ZIP	
17. STREET ADDRESS	WE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. CITY-STATE-ZIP	WE	5.2 NAME	
19. NAME	WE	5.3 STREET ADDRESS	
20. STREET ADDRESS	WE	5.4 CITY-STATE-ZIP	
21. CITY-STATE-ZIP	WE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	WE	6.2 NAME	
23. STREET ADDRESS	WE	6.3 STREET ADDRESS	
24. CITY-STATE-ZIP	WE	6.4 CITY-STATE-ZIP	

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 607, 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 of Michael Carey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/01/99 561-882-3983  
Date Daytime Phone #

CR2E034 (11/98)