

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 11 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 759564 (8)**

1. Corporation Name  
**THE FLAGLER YACHT CLUB CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>3701 S. FLAGLER DRIVE WEST PALM BEACH FL 33405 US</b>	Mailing Address <del>CHISMARK &amp; COMPANY 901 NORTHPOINT PARKWAY #102 WEST PALM BEACH FL 33407</del>
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3. Date Incorporated or Qualified  
**08/10/1981**

4. FEI Number  
**59-2149025**

Applied For  Not Applicable

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent

~~CHISMARK, GEORGE F. JR.  
901 NORTHPOINT PARKWAY  
SUITE 102  
WEST PALM BEACH FL 33407~~

10. Name and Address of New Registered Agent

**81** Name  
**Kathleen Bush Chismark**

**82** Street Address (P.O. Box Number is Not Acceptable)  
**P.O. Box 9385**

**83** City  
**West Palm Beach, FL 33419**

**84** State  
**FL**

**85** Zip Code

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 *Carleen Bush Chismark* **02/12/98**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NORMAN, CARL</b>	1.2 NAME	
STREET ADDRESS	<b>3701 S. FLAGLER DR. #B205</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33405</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOBAN, SHAMUS</b>	2.2 NAME	
STREET ADDRESS	<b>300 GREYMONT DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33405</b>	2.4 CITY-ST-ZIP	
TITLE	<b>TD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOLEMA, MARTIN</b>	3.2 NAME	
STREET ADDRESS	<b>3701 S. FLAGLER DRIVE, #A104</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33405</b>	3.4 CITY-ST-ZIP	
TITLE	<b>SD</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del><b>BURKE, SANDY</b></del>	4.2 NAME	
STREET ADDRESS	<del><b>3075 S. FLAGLER DRIVE, #1</b></del>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<del><b>WEST PALM BEACH FL 33405</b></del>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DILLON, BUD</b>	5.2 NAME	
STREET ADDRESS	<b>3701 S. FLAGLER DRIVE, #A106</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33405</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del><b>HURST, JIMI</b></del>	6.2 NAME	
STREET ADDRESS	<del><b>3701 S. FLAGLER DRIVE, #A203</b></del>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<del><b>WEST PALM BEACH FL 33405</b></del>	6.4 CITY-ST-ZIP	

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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Carl Norman*

CF2E037 (10/97)