


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 30, 1999 8:00 am**  
**Secretary of State**

03-30-1999 90027 002 \*\*\*\*61.25

|   |   |  |
|---|---|--|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

**DOCUMENT # 759564**

1. Corporation Name

**THE FLAGLER YACHT CLUB CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

3701 S. FLAGLER DRIVE  
 WEST PALM BEACH FL 33405  
 US

Mailing Address

3701 S FLAGLER DRIVE  
 901 NORTHPOINT PARKWAY, #102  
 WEST PALM BEACH FL 33405  
 US



|    |   |    |  |    |   |
|----|---|----|--|----|---|
| 21 | 2. Principal Place of Business<br><b>5710 S. DIXIE HWY.</b> | 26 | 2a. Mailing Address<br><b>5710 S. DIXIE HWY.</b> | 3. | Date incorporated or Qualified<br><b>08/10/1981</b>   |
| 22 | Suite, Apt. #, etc. <b>A</b>                                | 27 | Suite, Apt. #, etc. <b>A</b>                     | 4. | FEI Number<br><b>59-2149025</b>   |
| 23 | City & State<br><b>WEST PALM BEACH FL</b>                   | 28 | City & State<br><b>WEST PALM BEACH, FL</b>       | 5. | Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                    |
| 24 | Zip<br><b>33405</b>   | 29 | Zip<br><b>33405</b>                              | 6. | Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |

|   |  |  |   |
|---|--|--|---|
| 9. Name and Address of Current Registered Agent                   |  | 10. Name and Address of New Registered Agent |   |
| KATHLEEN BUSH CHISMARK<br>PO BOX 9385<br>WEST PALM BEACH FL 33419 |  | 81   | Name<br><b>KATHLEEN WEBB SALATA</b>   |
|   |  | 82   | Street Address (P.O. Box Number is Not Acceptable)<br><b>5710 S. DIXIE HWY. SUITE A</b> |
|   |  | 83   |   |
|   |  | 84   | City<br><b>WEST PALM BEACH</b>  |
|   |  | 85   | Zip Code<br><b>FL 33405</b>   |

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 *Kathleen Salata* **KATHLEEN SALATA** **3/23/99**  
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                      | PD <input type="checkbox"/> DELETE            | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| NAME                       | NORMAN, CARL                                  | 1.2 NAME  |   |
| STREET ADDRESS             | 3701 S. FLAGLER DR. #B205                     | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | WEST PALM BEACH FL 33405                      | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | VD <input type="checkbox"/> DELETE            | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| NAME                       | HOBAN, SHAMUS                                 | 2.2 NAME  |   |
| STREET ADDRESS             | 300 GREYMONT DRIVE                            | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | WEST PALM BEACH FL 33405                      | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | TD <input checked="" type="checkbox"/> DELETE | 3.1 TITLE   | SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <del>MOLEMA, MARTIN</del>                     | 3.2 NAME  | <b>KELLER, CHARLOTTE</b>  |
| STREET ADDRESS             | <del>3701 S. FLAGLER DRIVE, #A104</del>       | 3.3 STREET ADDRESS                                    | <b>3701 S. FLAGLER DRIVE #B-403</b>   |
| CITY-ST-ZIP                | <del>WEST PALM BEACH FL 33405</del>           | 3.4 CITY-ST-ZIP                                       | <b>WEST PALM BEACH FL 33405</b>   |
| TITLE                      | D <input checked="" type="checkbox"/> DELETE  | 4.1 TITLE   | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |
| NAME                       | DILLON, BUD                                   | 4.2 NAME  | <b>L'OWE, SUSAN</b>   |
| STREET ADDRESS             | 3701 S. FLAGLER DRIVE, #A106                  | 4.3 STREET ADDRESS                                    | <b>3701 S. FLAGLER DR. #B-101</b>   |
| CITY-ST-ZIP                | WEST PALM BEACH FL 33405                      | 4.4 CITY-ST-ZIP                                       | <b>WEST PALM BEACH FL 33405</b>   |
| TITLE                      | <input type="checkbox"/> DELETE               | 5.1 TITLE   | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |
| NAME                       |   | 5.2 NAME  | <b>ALLEN, PAT</b>   |
| STREET ADDRESS             |   | 5.3 STREET ADDRESS                                    | <b>3701 S. FLAGLER DR. #A-103</b>   |
| CITY-ST-ZIP                |   | 5.4 CITY-ST-ZIP                                       | <b>WEST PALM BEACH FL 33405</b>   |
| TITLE                      | <input type="checkbox"/> DELETE               | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| NAME                       |   | 6.2 NAME  |   |
| STREET ADDRESS             |   | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |   | 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 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]* **SIGNATURE REQUIRED** **3/22/99** **561-655-43**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)