

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90081 009 ****61.25

DOCUMENT # 759564

1. Entity Name

THE FLAGLER YACHT CLUB CONDOMINIUM ASSOCIATION,

Principal Place of Business

3700 GEORGIA AVE
 WEST PALM BEACH FL 33405
 US

Mailing Address

3700 GEORGIA AVE
 WEST PALM BEACH FL 33405
 US

529393



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2149025

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SALATA, KETHLEEN W
3700 GEORGIA AVE
WEST PALM BEACH FL 33405

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	NORMAN, CARL	
STREET ADDRESS	3701 S. FLAGLER DR. #B205	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MUNRO, JUDY	
STREET ADDRESS	3701 S FLAGLER DR., B-401	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	
TITLE	D	<input type="checkbox"/> Delete
NAME	LASSARD, CARL	
STREET ADDRESS	3701 S FLAGLER DR., B-103	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	LOWE, SUSAN	
STREET ADDRESS	3701 S. FLAGLER DR. #B101	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Munro, Judy	
STREET ADDRESS	3701 S. Flagler Dr. #B401	
CITY-ST-ZIP	West Palm Beach, FL 33405	
TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lowe, Susan	
STREET ADDRESS	3701 S. Flagler Dr. #B101	
CITY-ST-ZIP	West Palm Beach, FL 33405	
TITLE	Secy.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Baldwin, Whitney	
STREET ADDRESS	3701 S. Flagler Dr. #207	
CITY-ST-ZIP	West Palm Beach, FL 33405	
TITLE	Treas.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lassard, Carl	
STREET ADDRESS	3701 S. Flagler Dr. #103	
CITY-ST-ZIP	West Palm Beach, FL 33405	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 those empowered.

SIGNATURE:

Judy Munro
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-01 561 659-0033

Date

Daytime Phone #

CR2E037 (10/00)