

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

0032215

03-26-2002 90056 024 ****61.25

DOCUMENT # 759564

1. Entity Name

THE FLAGLER YACHT CLUB CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3700 GEORGIA AVE
 WEST PALM BEACH FL 33405
 US

3700 GEORGIA AVE
 WEST PALM BEACH FL 33405
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2149025

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	MUNRO, JUDY	
STREET ADDRESS	3701 S FLAGLER DR #B401	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	LOWE, SUSAN	
STREET ADDRESS	3701 S FLAGLER DR #B101	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	LASSARD, CARL	
STREET ADDRESS	3701 S FLAGLER DR., B-103	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BALDWIN, WHITNEY	
STREET ADDRESS	3701 S FLAGLER DR #207	
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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TED TARONE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VPD	
STREET ADDRESS	3701 So. Flagler Dr APT B307	
CITY-ST-ZIP	WEST Palm Bch FL 33405	
TITLE	Secretary/Treas.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charles Konnoroff	
STREET ADDRESS	3701 S. Flagler APT B 203	
CITY-ST-ZIP	West Palm Bch, FL. 33405	
TITLE	Dir.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Parrelaw Murdock	
STREET ADDRESS	3701 So. Flagler Dr B-404	
CITY-ST-ZIP	West Palm Bch 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 like empowered.

SIGNATURE: *Judy Munro* Judy Munro, Pres. 01-15-02 (561)659-0033

CR2E037 (9/01)