


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90142 021 ****61.25

DOCUMENT# 759564					
1. Entity Name THE FLAGLER YACHT CLUB CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 3700 GEORGIA AVE WEST PALM BEACH, FL 33405 US		Mailing Address 4239 NORTH LAKE BLVD STED PALM BEACH GARDENS, FL 33410 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 59-2149025	
Zip		Country		5. Certificate of Status Desired: <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEWIS, WILLIAM COMPLETE PROP MGMT 4239 NORTH LAKE BLVD STE D PALM BEACH GARDENS, FL 33410			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent's signature required when instating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARJORY, AARON		NAME		
STREET ADDRESS	3701 S FLAGLER DR B301		STREET ADDRESS	B307	
CITY-ST-ZIP	WEST PALM BEACH, FL 33405		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILICK, SHARON		NAME		
STREET ADDRESS	3701 S FLAGLER DRIVE #403		STREET ADDRESS	B403	
CITY-ST-ZIP	WEST PALM BEACH, FL 33405		CITY-ST-ZIP		
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALLEN, PAT		NAME	SPRINGHORN, KATHLEEN	
STREET ADDRESS	3701 S FLAGLER DR A103		STREET ADDRESS	3701 S FLAGLER DR, #B106	
CITY-ST-ZIP	WEST PALM BEACH, FL 33405		CITY-ST-ZIP	WEST PALM BEACH, FL 33405	
TITLE	FD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MITCHELL, KATHLEEN		NAME	RAICH, NICHOLAS JR.	
STREET ADDRESS	3701 S FLAGLER DRIVE B-207		STREET ADDRESS	3701 S FLAGLER DR. #B203	
CITY-ST-ZIP	WEST PALM BEACH, FL 33405		CITY-ST-ZIP	WEST PALM BEACH, FL 33405	
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TARHAN, SALLY		NAME	SAHIR	
STREET ADDRESS	3701 S FLAGLER DRIVE B107		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33405		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(1), 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: <i>Sally Tarhan</i>			Date: <i>4/6/05</i> Daytime Phone#: <i>561-626-2778</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone#		