FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

NAME

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

DOCUMENT #

N32708

DELRAY BEACH YACHT CLUB CONDOMINIUM ASSOCIATION, INC.

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

Mailing Address Principal Place of Business C/O MATTHEW GRACEY JR. C/O MATTHEW GRACEY JR. 100 MACFARLANE DRIVE 100 MACFARLANE DRIVE DELRAY BEACH FL 33483-6804 DELRAY BEACH FL 33483-6804 3. Date Incorporated or Qualified 3a. Date of Last Report 06/08/1989 04/14/1995 Applied For 4. FEI Number 2a. Mailing Address & D 2. Principal Place of Business 65-0269563 26 Ser4 10'5 Not Applicable 21 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired D. Box 639 Fee Required 22 \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Y No Country Zip Florida Statutes 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name GRACEY, MATTHEW JR. 82 Street Address 100 MACFARLANE DRIVE **DELRAY BEACH FL** 83 84 Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named co or registered agent, or both in the State of Florida. Such change was authorized by the corporation's familiar with, and accept the obligations of Section 617.0503, Florida Statutes. nent for the purpose of changing its registers Slanature, ty OFFICERS AND DIREC (12/95)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13 CTORS 12. DELETE Change ☐ Addition 1.1 TITLE THILE HELM. WILLIAM MONTFORT 1.2 NAME **CR2E037** NAME 100 MACFARLANE DRIVE STREET ADDRESS 1.3 STREET ADDRESS DELRAY BEACH FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition מדע 21 TITLE TITLE GRACEY, MATTHEW JR 2.2 NAME NAME 100 MACFARLANE DRIVE 2.3 STREET ADDRESS STREET ADORESS DELRAY BEACH FL 2 4 City-St-7iP CITY-ST-ZIP ☐ Change Addition DELETE 31 TITLE TITLE HELM, CAROLYN JONES 3.2 NAME NAME 1221 HARBOR DRIVE 3.3 STREET ADDRESS STREET ADDRESS DELRAY BEACH FL CITY-ST-ZIP 34. CITY - ST - ZIP DELETE Change Addition 41 TITLE TITLE 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE THE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP ☐ Addition Change DELETE 6.1 THILE TITLE

6.2 NAME

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). 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

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP