

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90091 046 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

**DOCUMENT #** N32708

**1. Entity Name**  
 The Yacht Club Residence, A Condominium Associa

**Principal Place of Business**      **Mailing Address**  
 100MACFARLANE DRIVE  
 DELRAY BEACH, FLORIDA 33483-6804

**2. Principal Place of Business**      **3. Mailing Address**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

**4. FEI Number**      **Applied For**  
 65-0269563       Not Applicable

**5. Certificate of Status Desired**       **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 SERGIDS PROPERTY MANAGEMENT, INC.  
 60 VENETERAN DRIVE  
 DELRAY BEACH, FLORIDA 33483

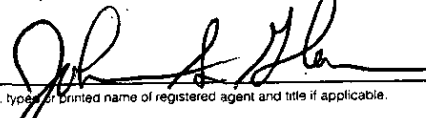
**7. Name and Address of New Registered Agent**

**Name**      JOHN GLEASON

**Street Address (P.O. Box Number is Not Acceptable)**  
 100MACFARLANE DRIVE - UNIT 3A

**City**      DELRAY BEACH      **FL**      **Zip Code**      33483

**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**  **JOHN GLEASON, PRES.**      **4/27/00**  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

**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**

<b>TITLE</b> PD <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	FERRIND, H. PEKER <input type="checkbox"/> Delete 100 MACFARLANE DR-UNIT 3A DELRAY BEACH, FL 33403
<b>TITLE</b> TD <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	GHEASON, JOHN <input type="checkbox"/> Delete 100 MACFARLANE DR.-UNIT 2C DELRAY BEACH, FL 33403
<b>TITLE</b> VPD <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	FARCETT, GEORGE W. <input checked="" type="checkbox"/> Delete 100 MACFERLAND DR-UNIT 4C DELRAY BEACH, FL
<b>TITLE</b> <input type="checkbox"/> Delete <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <input type="checkbox"/> Delete <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

<b>TITLE</b> VPD <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	FERRINO, H. PETER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 33483
<b>TITLE</b> PD <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	JOHN GLEASON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 33483
<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> SD <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	CHARLES ZUMKEHR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 100 MACFARLANE DR-UNIT 3D DELRAY BEACH, FL 33483
<b>TITLE</b> TD <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MAE C. GRIEVES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 100 MACFARLANE DR-UNIT 2D DELRAY BEACH, FL 33483
<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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 lines empowered.**

**SIGNATURE:**  **4/28/00**  
Signature and typed or printed name of signing officer or director      Date      Daytime Phone #