

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90351 010 ****61.25

DOCUMENT # N32708
 1. Entity Name
THE YACHT CLUB RESIDENCE, A CONDOMINIUM ASSOCIAT

Principal Place of Business
**100 MACFARLANE DRIVE
 DELRAY BEACH FL 33483-6804**

Mailing Address
~~100 MACFARLANE DR
 DELRAY BEACH FL 33483~~
**Sergiv's Property Mgt.
 P.O. Box 639
 Delray Beach, FL 33427-0639**



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 **65-0269563** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**GLEASON, JOHN
 100 MACFARLANE DRIVE
 UNIT 3A
 DELRAY BEACH FL 33483**

7. Name and Address of New Registered Agent
 Name **Sergiv's Property Mgt., Inc.**
 Street Address (P.O. Box Number is Not Acceptable)
~~100 MacFarlane Dr Unit 4B~~
60 Venetian Drive
 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 H. Sergiv, President* **Sergiv's Property, Mgt.** **2/20/01**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	VD FERRINO, H P 100 MACFARLANE DR-UNIT 3A DELRAY BEACH FL 33483	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GLEASON, JOHN 100 MACFARLANE DR-UNIT 2C DELRAY BEACH FL 33483	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FARCETT, GEORGE W 100 MACFERLAND DR-UNIT 4C DELRAY BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ZUMKEHR, CHARLES 100 MACFARLANE DR UNIT 3D DELRAY BEACH FL 33483	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRIEVES, MAE C 100 MACFARLANE DR UNIT 2D DELRAY BEACH FL 33483	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MEISNER LAWRENCE 100 MACFARLANE DR-UNIT 4B DELRAY BEACH, FL 33483	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GLEASON, JOHN 100 MACFARLANE DR 2C DELRAY BEACH, FL 33483	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FARCETT, GEORGE 100 MACFARLANE DR, 4C DELRAY BEACH, FL 33483	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LAWRENCE SARGENT 100 MACFARLANE DRIVE UNIT 3C DELRAY BEACH, FL 33483	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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 like empowered.

SIGNATURE: *John H. Sergiv* **REGISTRAR GLEASON, Treasurer** **2/12/01** **954-538-6627**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)