

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 25, 2002 8:00 am**  
**Secretary of State**

02-25-2002 90028 003 \*\*\*\*61.25

**DOCUMENT # N32708**

1. Entity Name

**THE YACHT CLUB RESIDENCE, A CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

**100 MACFARLANE DRIVE  
 DELRAY BEACH FL 33483-6804**

Mailing Address

**Sergio's  
 PROPERTY MGT.  
 P.O. BOX 639  
 DELRAY BEACH FL 33447-0639  
 US**

2. Principal Place of Business

3. Mailing Address

**P.O. Box 639**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Delray Beach, FL**

4. FEI Number

**65-0269563**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33483-0639 Palm Beach**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SERAN'S PROPERTY MGT. INC.  
 60 VENETIAN DRIVE  
 DELRAY BEACH FL 33483**

7. Name and Address of New Registered Agent

Name **SERGIO'S - Property Mgt., Inc.**  
 Street Address (P.O. Box Number Not Acceptable)  
**60 Venetian Drive**  
 City **Delray Beach** FL **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. Sergio - President**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered agent signature required when reinstating)

DATE

**2/4/02**

**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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
PD	MEISNER, LAWRENCE	100 MACFARLANE DR UNIT 4B	DELRAY BEACH FL 33483	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
TD	GLEASON, JOHN	100 MACFARLANE DR-UNIT 2C	DELRAY BEACH FL 33483	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	FAWCETT, GEORGE	100 MACFERLAND DR-UNIT 4C	DELRAY BEACH FL 33483	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SD	ZUMKEHR, CHARLES	100 MACFARLANE DR UNIT 3D	DELRAY BEACH FL 33483	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
PD	MEISNER, LAWRENCE	100 MACFARLANE DR UNIT 4B	DELRAY BEACH FL 33483	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VPD	SARGENT, LAWRENCE	100 MACFARLANE DRIVE, UNIT 3C	DELRAY BEACH FL 33483	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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. Sergio - President**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/12/02**  
 Date

**274 7621**  
 Daytime Phone #

CR2E037 (9/01)