


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90018 049 \*\*\*\*61.25

<b>DOCUMENT # N32708</b>			
1. Entity Name <b>THE YACHT CLUB RESIDENCE, A CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>100 MACFARLANE DRIVE DELRAY BEACH FL 33483-6804</b>		Mailing Address <b>60 VENETIAN DRIVE DELRAY BEACH FL 33483 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/05)

4. FEI Number <b>65-0269563</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
<b>SERGIO'S PROPERTY MANAGEMENT, INC.</b>		Name	
<b>60 VENETIAN DRIVE</b>		Street Address (P.O. Box Number is Not Acceptable)	
<b>DELRAY BEACH FL 33483</b>		City	
		<b>FL</b> 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 signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	DD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DIXON, CHRISTIAN			NAME	Charlie Zumkehr		
STREET ADDRESS	100 MACFARLANE DRIVE UNIT 2A			STREET ADDRESS	100 Macfarlane Dr. Unit 2C		
CITY-ST-ZIP	DELRAY BEACH FL 33483			CITY-ST-ZIP	Delray Beach, FL 33483		
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE	VP T/A	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ZUMKEHR, CATHY			NAME	Larry Sargent		
STREET ADDRESS	100 MACFARLANE DR-UNIT 2C			STREET ADDRESS	100 Macfarlane Dr. 3C		
CITY-ST-ZIP	DELRAY BEACH FL 33483			CITY-ST-ZIP	Delray Beach, FL 33483		
TITLE	TD	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SARGENT, SHARON			NAME	Bobby Schmeir		
STREET ADDRESS	100 MACFARLANE DRIVE UNIT C			STREET ADDRESS	100 Macfarlane Dr. Unit 4A		
CITY-ST-ZIP	DELRAY BEACH FL 33483			CITY-ST-ZIP	Delray Beach, FL 33483		
TITLE		<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				NAME	Brian Moir		
STREET ADDRESS				STREET ADDRESS	100 Macfarlane Dr Unit 3A		
CITY-ST-ZIP				CITY-ST-ZIP	Delray Beach, FL 33483		
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			
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 exemptions contained in Section 119, 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: *P. Sargent Sec. Treas.* 3/7/06 (501) 330 2456