


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Aug 19 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N41838 (6)
 1. Corporation Name
BOCA HIGHLAND COMMUNITY YACHT ASSOCIATION, INC.



Principal Place of Business Mailing Address
 SUITE 106, 7280 W. PALMETTO PARK RD. BOCA RATON FL 33433
 SUITE 106, 7280 W. PALMETTO PARK RD. BOCA RATON FL 33433

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified **01/28/1991** 3a. Date of Last Report **10/14/1996**

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 29 Zip Country
 24 25 29 30

4. FEI Number **65-0253441** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
CLAIRE, ROBERT I.
SUITE 106
7280 W. PALMETTO PARK RD.
BOCA RATON FL 33433

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHREIBER, STANLEY	1.2 NAME	VINCENT DELL
STREET ADDRESS	4748 S OCEAN BLVD	1.3 STREET ADDRESS	4740 S. OCEAN BLVD. APT. LPH-1 Director
CITY-ST-ZIP	HIGHLAND BEACH FL	1.4 CITY-ST-ZIP	HIGHLAND BEACH, FL 33487
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V. PRESIDENT & SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORDON, CALVERT	2.2 NAME	MICHAEL WAGHS Director
STREET ADDRESS	4740 S. OCEAN BLVD.	2.3 STREET ADDRESS	4740 S. OCEAN BLVD. APT. 516
CITY-ST-ZIP	HIGHLAND BEACH FL	2.4 CITY-ST-ZIP	HIGHLAND BEACH, FL 33487
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOVARNICK, DAVID	3.2 NAME	CRAFTON WOLFSON Director
STREET ADDRESS	4740 S OCEAN BLVD	3.3 STREET ADDRESS	4740 S. OCEAN BLVD. APT. 402
CITY-ST-ZIP	HIGHLAND BCH FL	3.4 CITY-ST-ZIP	HIGHLAND BEACH, FL 33487
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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

SIGNATURE: *C. SIGNATURE REQUIRED* TEL. FOR JUNE, JULY + AUG. - 1-508-540-6911

CR2E037 (4/97)