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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N41838

1. Corporation Name
BOCA HIGHLAND COMMUNITY YACHT ASSOCIATION, INC.

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suits, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	City & State	27	City & State	65-0253441	Not Applicable
23	Zip	28	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CLAIRE, ROBERT I. SUITE 106 7280 W. PALMETTO PARK RD. BOCA RATON FL 33433				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VPD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PRES./DIRECTOR	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WACHS, MICHAEL			1.2 NAME	GEORGE THOMAS		
STREET ADDRESS	4740 S OCEAN BLVD, APT 578			1.3 STREET ADDRESS	4600 S. OCEAN BLVD. APT. 902		
CITY-ST-ZIP	HIGHLAND BEACH FL 33487			1.4 CITY-ST-ZIP	HIGHLAND BEACH, FL 33487		
TITLE	PD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	V.P. / DIRECTOR	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	THOMAS, GEORGE			2.2 NAME	ARNOLD SILVERMAN		
STREET ADDRESS	4600 S OCEAN BLVD. APT 902			2.3 STREET ADDRESS	4600 S. OCEAN BLVD. APT. LPH		
CITY-ST-ZIP	HIGHLAND BEACH FL 33487			2.4 CITY-ST-ZIP	HIGHLAND BEACH, FL 33487		
TITLE	TD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WOLFSON, CRAFTON, TREAS.			3.2 NAME			
STREET ADDRESS	4740 S OCEAN BLVD APT 402			3.3 STREET ADDRESS			
CITY-ST-ZIP	HIGHLAND BCH FL 33487			3.4 CITY-ST-ZIP			
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 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, with all other like empowered.

SIGNATURE: Crafton Wolfson, TREAS. DATE: 1/8/99 DAYTIME PHONE: 561-447-9665

CR2E037 (1/198)