

FILE NOW: FILING FEE IS \$61.25

FILED

May 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000002865 (4)
1. Corporation Name
FORT LAUDERDALE YACHT AND BEACH CLUB CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 341 N. BIRCH RD. FT. LAUDERDALE FL 33304	Mailing Address 341 N. BIRCH RD. FT. LAUDERDALE FL 33304-4211
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3. Date Incorporated or Qualified 06/25/1993	3a. Date of Last Report 05/22/1996
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 65-0454870	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BARTHE, FREDERIC M ESQ. 2600 NO. MILITARY TRAIL 9TH FLOOR BOCA RATON FL 33431				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)	888 SE 3RD AVE		
				83	SUITE 400		
				84 City	FT. LAUDERDALE	85 Zip Code	FL 33304-6

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 PD	<input type="checkbox"/> DELETE	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WEISS, DONNA		1.2 NAME Relicke, Mark	
STREET ADDRESS 341 N. BIRCH ROAD		1.3 STREET ADDRESS 341 N. Birch Rd., #312	
CITY-ST-ZIP FT. LAUDERDALE FL 33304		1.4 CITY-ST-ZIP Ft. Laud., FL 33304	
TITLE VTD	<input type="checkbox"/> DELETE	2.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CLAIR, RICHARD		2.2 NAME Bardens, Roman	
STREET ADDRESS 341 N. BIRCH RD		2.3 STREET ADDRESS 341 N. Birch Rd., #206	
CITY-ST-ZIP FT. LAUDERDALE FL 33304		2.4 CITY-ST-ZIP Ft. Laud., FL 33304	
TITLE SD	<input type="checkbox"/> DELETE	3.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FILLENWORTH, RUTH		3.2 NAME Linley, James	
STREET ADDRESS 341 N. BIRCH RD		3.3 STREET ADDRESS 1670 S.W. 23rd Ave.	
CITY-ST-ZIP FT. LAUDERDALE FL 33304		3.4 CITY-ST-ZIP Ft. Laud., FL 33312	
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 S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME Reynolds, Beverly	
STREET ADDRESS		5.3 STREET ADDRESS 341 N. Birch Rd., #215	
CITY-ST-ZIP		5.4 CITY-ST-ZIP Ft. Laud., FL 33304	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME Roscioli, Heather	
STREET ADDRESS		6.3 STREET ADDRESS 341 N. Birch Rd., #311	
CITY-ST-ZIP		6.4 CITY-ST-ZIP Ft. Laud., FL 33304	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Mark Relicke* **REQUIRED** Mark Relicke 04/23/97 (954) 779-1061
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0035589

CR2E037 (9/96)