

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 23 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>341 N. BIRCH RD. FT. LAUDERDALE FL 33304</b>	Mailing Address <b>341 N. BIRCH RD. FT. LAUDERDALE FL 33304</b>
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3. Date Incorporated or Qualified <b>06/25/1993</b>	
4. FEI Number <b>65-0454870</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent  
**BARTHE, FREDERIC M ESQ.  
 888 S.E. 3RD AVE  
 STE. 400  
 FT. LAUDERDALE FL 33316**

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	PD	1.1 TITLE	PDT
NAME	RELICKE, MARK	1.2 NAME	McAllister, Maureen
STREET ADDRESS	341 N. BIRCH RD., #312	1.3 STREET ADDRESS	341 N. Birch Road #216
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	Ft. Lauderdale, Fl 33304
TITLE	VD	2.1 TITLE	VD
NAME	BARDENS, ROMAN	2.2 NAME	Linley, James
STREET ADDRESS	341 N. BIRCH RD, #206	2.3 STREET ADDRESS	1670 S.W. 23rd Ave
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	Ft. Lauderdale, Fl 33312
TITLE	D	3.1 TITLE	D
NAME	LINLEY, JAMES	3.2 NAME	Relicke, Mark
STREET ADDRESS	1670 S.W. 23RD AVE.	3.3 STREET ADDRESS	341 N. Birch Road #312
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP	Ft. Lauderdale, Fl 33304
TITLE	S	4.1 TITLE	
NAME	REYNOLDS, BEVERLY	4.2 NAME	
STREET ADDRESS	341 N. BIRCH RD., #215	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	
NAME	ROSCIOLI, HEATHER	5.2 NAME	
STREET ADDRESS	341 N. BIRCH RD., #311	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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.

SIGNATURE: \_\_\_\_\_ 4/14/98 954-764-3889

CR2E037 (10/97)