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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1999

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



DOCUMENT # N93000002865

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



21	2a	3	4	5	6
Principal Place of Business	Mailing Address	Date Incorporated or Qualified	FEI Number	Certificate of Status Desired	Election Campaign Financing Trust Fund Contribution
Suite, Apt. #, etc.	Suite, Apt. #, etc.	06/25/1993	65-0454870	<input type="checkbox"/>	<input type="checkbox"/>
City & State	City & State		Applied For		\$8.75 Additional Fee Required
Zip	Zip		Not Applicable		\$5.00 May Be Added to Fees
Country	Country				

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BARTHE, FREDERIC M ESQ. 888 S.E. 3RD AVE STE. 400 FT. LAUDERDALE FL 33316		81 Name Mark A. Malatak, CPA	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83 1489 Northwest 126th Way	
		84 City Sunrise FL 85 Zip Code 33323	

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 Mark A. Malatak MARK A. malatak 8/31/99 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDT	1.1 TITLE	PDT D
NAME	MCALLISTER, MAUREEN	1.2 NAME	MCALLISTER, MAUREEN
STREET ADDRESS	341 N BIRCH RD, #218	1.3 STREET ADDRESS	341 N. Birch Rd #216
CITY-ST-ZIP	FT.LAUDERDALE FL 33304	1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33304
TITLE	VD	2.1 TITLE	VD
NAME	UNLEY, JAMES	2.2 NAME	ROBERT STICKNEY D
STREET ADDRESS	1670 SW 23RD AVE	2.3 STREET ADDRESS	341 N Birch Rd #312
CITY-ST-ZIP	FT.LAUDERDALE FL 33312	2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33304
TITLE	D	3.1 TITLE	S D
NAME	LINLEY, JAMES	3.2 NAME	HEATHER ROSCIOLLI
STREET ADDRESS	1670 S.W. 23RD AVE.	3.3 STREET ADDRESS	341 N Birch Rd #311
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		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: Mark A. Malatak SIGNATURE REQUIRED 6/28/99 954-764-3889

CR2E037 (5/99)