

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N32708

**FILED  
Apr 13, 2015  
Secretary of State  
CC5331115395**

**Entity Name:** THE YACHT CLUB RESIDENCE, A CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

100 MACFARLANE DRIVE  
DELRAY BEACH, FL 33483-6804

**Current Mailing Address:**

PO BOX 667348  
POMPANO BEACH, FL 33066 US

**FEI Number: 65-0269563**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

PERSONAL PROPERTY MANAGEMENT, INC.  
6402 N W 5TH WAY  
FORT LAUDERDALE, FL 33309 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           TREASURER, SECRETARY  
Name           WEEKS, CHRISTINE  
Address        6402 N W 5TH WAY  
City-State-Zip: FORT LAUDERDALE FL 33309

Title           P  
Name           ELLIS, DEAN  
Address        6402 NW 5TH WAY  
City-State-Zip: FORT LAUDERDALE FL 33309

Title           VP  
Name           EICHEN, BARRY  
Address        6402 NW 5TH WAY  
City-State-Zip: FORT LAUDERDALE FL 33309

Title           DIRECTOR  
Name           FINKEL, KAREL  
Address        PO BOX 667348  
City-State-Zip: POMPANO BEACH FL 33066

Title           DIRECTOR  
Name           FINKEL, KAREL  
Address        PO BOX 667348  
City-State-Zip: POMPANO BEACH FL 33066

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: DEAN ELLIS**

**PRESIDENT**

**04/13/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date