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Feb 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 714364 (7)

1. Corporation Name

YACHT CLUB CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

112 YACHT CLUB DR. APT. 5
NORTH PALM BEACH FL 33408

112 YACHT CLUB DR. APT. 5
NORTH PALM BEACH FL 33408-3933

3. Date Incorporated or Qualified
04/02/1968

3a. Date of Last Report
03/26/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

4. FEI Number
59-1258897

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRANCIS, GEORGE H
112 YACHT CLUB DR APT 4
N PALM BEACH FL 33408

81 Name Denise M. Leonard
82 Street Address (P.O. Box Number is Not Acceptable) 112 Yacht Club Dr
83 Apt 5
84 City North Palm Beach FL 85 Zip Code 33408

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/8/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	PISARSKI, VIVENNE	
STREET ADDRESS	112 YACHT CLUB DR APT 6	
CITY - ST - ZIP	N PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MEDWAY, JOHN	
STREET ADDRESS	112 YACHT CLUB DR #1	
CITY - ST - ZIP	N PALM BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LEONARD, DENISE M.	
STREET ADDRESS	112 YACHT CLUB DR. #5	
CITY - ST - ZIP	N PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WYATT, SONDRRA	
STREET ADDRESS	112 YACHT CLUB DR. #8	
CITY - ST - ZIP	N PALM BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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:

SIGNATURE REQUIRED *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 516 226 4490

CR2E037 (9/96)