2000 UNIFORM BUSINESS REPORT (UBR)

Feb 08, 2000 8:00 am Secretary of State **DOCUMENT # 714364** 02-08-2000 90169 041 ****61.25 YACHT CLUB CONDOMINIUM ASSOCIATION, INC. Mailing Address Principal Place of Business 112 YACHT CLUB DR. APT. 5 112 YACHT CLUB DR. APT. 5 00017160 NORTH PALM BEACH FL 33408-3933 NORTH PALM BEACH FL 33408 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied F City & State City & State 4. FEI Number 59-1258897 Not∠ep⊞ Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable LEONARD, DENISE M. 112 YATCH CLUB DR. APT 5 N PALM BEACH FL 33408 8. 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 equired when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. Delete TITLE TITLE NAME MEDWAY, JOHN NAME STREET ADDRESS 112 YACHT CLUB DR #1 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP N PALM BEACH FL TD ☐ Change Delete TITLE LEONARD, DENISE M. NAME NAME STREET ADDRESS STREET ADDRESS 112 YACHT CLUB DR. #5 CITY-ST-ZIP CITY-ST-ZIP N.PALM BEACH FL ---- Change PD Delete WYATT, SONDRA STREET ADDRESS STREET ADDRESS 112 YACHT CLUB DR #8 CITY-ST-ZIP CITY-ST-ZIP N PALM BCH FL ☐ Delete TITLE ☐ Change TITLE DURKENSON, GATE NAME NAME STREET ADDRESS 112 YACHT CLUB DR #4 STREET ADDRESS CITY-ST-7IP N PALM BCH FL CITY-ST-ZIP Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the indicated on this report or supplemental 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 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 10 or changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED