## 2007 NOT-FOR-PROFIT CORPORATION

## FILED **ANNUAL REPORT** Apr 11, 2007 08:00 A Secretary of State **DOCUMENT #714364** YACHT CLUB CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 112 YACHT CLUB DRIVE #8 112 YACHT CLUB DRIVE #8 NORTH PALM BEACH, FL 33408 NORTH PALM BEACH, FL 33408 04072007 No Chg-NP CR2E037 (4/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-1258897 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WYATT, SONDRA DO NOT WRITE 112 YACHT CLUB DRIVE IN THIS SPACE NORTH 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. I am familiar with, and accept the obligations of registered agent. 4-7-07 SIGNATURE. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be U00000701501 Due by May 1, 2007 Trust Fund Contribution. Added to Fees 04/20/07-80062-004 61,25 10. OFFICERS AND DIRECTORS TITLE VPD NAME WINTERS, KURT STREET ADDRESS 112 YACHT CLUB DR. # CITY-ST-ZIP NORTH PALM BEACH, FL 33408 TITLE NAME WYATT, SONDRA STREET ADDRESS 112 YACHT CLUB DR #8 CITY-ST-ZIP NORTH PALM BEACH, FL 33408 TITLE NAME MANUEL, WILLIAM STREET ADDRESS 112 YACHT CLUB DR. #7 DO NOT WRITE CITY-ST-ZIP NORTH PALM BEACH, FL 33408 TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TOLE NAME STREET ADDRESS CITY-ST-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal affect 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

TITLE

STREET ADDRESS CITY-ST-ZIP

| SIGNATURE: Sanda ( ) att.   | W ~7~67 |                 |
|---|---------|-----------------|
| SIGNATURE AND TYPED OR PRINTED NAME OF SCHOOL OFFICER OR DIRECTOR | Date    | Deybrie Phone # |