

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 10 PM 12: 20

DOCUMENT # 726438 (5)
1. Corporation Name
THE YACHT & RACQUET CLUB OF BOCA RATON, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business
**2711 NO OCEAN BLVD
BOCA RATON FL 33431-7115**

Mailing Address
**2711 NO OCEAN BLVD
BOCA RATON FL 33431-7115**

3. Date Incorporated or Qualified
05/18/1973

3a. Date of Last Report
03/07/1994

4. FEI Number
59-1651350

Applied For
☐ Not Applicable

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **\$68.75 Supplemental Fee Not Required**

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

9. Name and Address of Current Registered Agent

**O'BRIEN, JOYCE
2711 N. OCEAN BLVD.
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent

81 Name **SHAWN JOHNSON**

82 Street Address (P.O. Box Number is Not Acceptable)
2711 N OCEAN BLVD

83

84 City **BOCA RATON** **FL** **85** Zip Code **33431**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Shawn D. Johnson
Signature, typed or printed name of registered agent and title if applicable

Shawn D. Johnson
(NOTE: Registered Agent signature required when reappointing)

3/31/95
DATE

12. OFFICERS AND DIRECTORS

TITLE	SD
NAME	JUBELIRER, SYLVAN
STREET ADDRESS	2727 N OCEAN BLVD.
CITY-ST-ZIP	BOCA RATON FL
TITLE	VD
NAME	STEIN, SIDNEY
STREET ADDRESS	2717 N OCEAN BLVD
CITY-ST-ZIP	BOCA RATON FL
TITLE	TD
NAME	STRAUSS, JANE
STREET ADDRESS	2797 N OCEAN BLVD.
CITY-ST-ZIP	BOCA RATON FL
TITLE	PD
NAME	STURGELL, CHARLES
STREET ADDRESS	2701 N OCEAN BLVD.
CITY-ST-ZIP	BOCA RATON FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	V D
2.3 STREET ADDRESS	RICHARD BIRD
2.4 CITY-ST-ZIP	2687 N OCEAN BLVD BOCA RATON FL
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 checked, or on an attachment with an address.

SIGNATURE: *Charles Sturgell* Pres. **4/3/95**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #