

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 20, 2008 8:00 am**  
**Secretary of State**

03-20-2008 90039 045 \*\*\*\*61.25

<b>DOCUMENT # 736469</b> 1. Entity Name <b>THE YACHT &amp; RACQUET CLUB OF BOCA RATON CONDOMINIUM ASSOCIATION "A", INC.</b>					
Principal Place of Business <b>2727 NORTH OCEAN BLVD. BOCA RATON, FL 33431-7115</b>			Mailing Address <b>2727 NORTH OCEAN BLVD. BOCA RATON, FL 33431-7115</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip                      Country		City & State  Zip                      Country		4. FEI Number <b>59-1742431</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>VAN LIEW, ROBERT S GM 2711 N. OCEAN BLVD BOCA RATON, FL 33431</b>					
7. Name and Address of New Registered Agent Name <b>MOLLENBARDEN PETER C ESQ</b> Street Address (P.O. Box Number is Not Acceptable) <b>BECKER + PALOIA KOFF PA</b> <b>635 N FLAGLER DR 74FL</b> City <b>W PALM BEACH FL</b> Zip Code <b>33401</b>					
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.  SIGNATURE       DATE <b>2/28/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BAICH, LOLA 2727 N OCEAN BLVD BOCA RATON, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BERMAN, BILL 2727 N OCEAN BLVD BOCA RATON, FL 33431	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEOFER, NORM 2727 N. OCEAN BLVD BOCA RATON, FL 33431	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHERMAN, HY 2727 N. OCEAN BLVD BOCA RATON, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MORMANDO, FRANK 2727 N. OCEAN BLVD. BOCA RATON, FL 33431	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUDMAN MELISSA 2727 N. OCEAN BLVD BOCA RATON FL 33431	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHERMAN HY 2727 N. OCEAN BLVD BOCA RATON FL 33431	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHERMAN HY 2727 N. OCEAN BLVD BOCA RATON FL 33431	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <b>TREASURER</b> <b>2/26/08</b> <b>561-368-8032</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					