
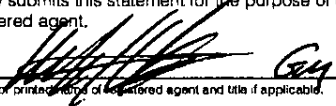
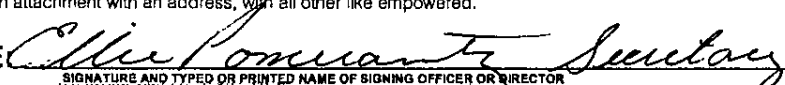


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2007 08:00 AM
Secretary of State

DOCUMENT # 741754		
1. Entity Name THE YACHT & RACQUET CLUB OF BOCA RATON CONDOMINIUM ASSOCIATION "D", INC.		
Principal Place of Business 2707 N. OCEAN BLVD. BOCA RATON, FL 33431	Mailing Address 2707 N. OCEAN BLVD. BOCA RATON, FL 33431	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent VAN LIEW, ROBERT GM 2711 N. OCEAN BLVD. BOCA RATON, FL 33431		DO NOT WRITE IN THIS SPACE
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 <u></u> (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable.		
Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	400000637754 02/26/07-80073-018 61.25
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD POMERANTZ, ELLIE 2707 NORTH OCEAN BLVD BOCA RATON, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NELSON, JOEL 2707 N OCEAN BLVD BOCA RATON, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KELFER, ROBERT 2707 NORTH OCEAN BLVD BOCA RATON, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARNET, HANK 2707 N. OCEAN BLVD. BOCA RATON, FL 33431	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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.		
SIGNATURE <u></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<u>2/9/07</u> Date Daytime Phone #



01122007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1887313	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	