FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 9:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 745515 (7)

1. Corporation Name
THE YACHT & RACQUET CLUB OF BOCA RATON CONDOMINIUM ASSOCIATION "E", INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2701 N. OCEAN BLVD. BOCA RATON FL 33431-7115	2701 N. OCEAN BLVD. BOCA RATON FL 33431-7115

3. Date Incorporated or Qualified: 01/10/1979
3a. Date of Last Report: 04/01/1994
4. FEI Number: 59-1687316 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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: JOHNSON, SHAWN D.
82 Street Address (P.O. Box Number is Not Acceptable): 2711 N. OCEAN BLVD.
83:
84 City: BOCA RATON FL 65 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 - SHAWN D. JOHNSON 4-19-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	1.1 TITLE	P/D	X Change ☐ Addition
NAME	NIXON, DAVID	1.2 NAME	NIXON, DAVID	
STREET ADDRESS	2701 N OCEAN BLVD	1.3 STREET ADDRESS	2701 N. OCEAN BLVD.	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE	VD	2.1 TITLE	V/D	X Change ☐ Addition
NAME	NIXON, DAVID	2.2 NAME	CANUSO, FRANCIS III	
STREET ADDRESS	2701 N. OCEAN BLVD	2.3 STREET ADDRESS	2701 N. OCEAN BLVD.	
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE	PD	3.1 TITLE	S/D	X Change ☐ Addition
NAME	DIAMOND, IRVING	3.2 NAME	DIAMOND, IRVING	
STREET ADDRESS	2701 N OCEAN BLVD.	3.3 STREET ADDRESS	2701 N. OCEAN BLVD.	
CITY-ST-ZIP	BOCA RATON,FL 0	3.4 CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE	D	4.1 TITLE	D	X Change ☐ Addition
NAME	HELLMAN	4.2 NAME	JOSEPH, HENRY	
STREET ADDRESS	2701 N OCEAN BLVD	4.3 STREET ADDRESS	2701 N. OCEAN BLVD.	
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE	TD	5.1 TITLE	D	☐ Change X Addition
NAME	FINGER, LENNY	5.2 NAME	NOREN, PETER	
STREET ADDRESS	2701 N. OCEAN BLVD	5.3 STREET ADDRESS	2701 N. OCEAN BLVD.	
CITY-ST-ZIP	BOCA RATON FL	5.4 CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE	D	6.1 TITLE	D	X Change ☐ Addition
NAME	CANUSO, TONY	6.2 NAME	NYE, BILL	
STREET ADDRESS	2701 N. OCEAN BLVD.	6.3 STREET ADDRESS	2701 N. OCEAN BLVD.	
CITY-ST-ZIP	BOCA RATON FL	6.4 CITY-ST-ZIP	BOCA RATON, FL 33431	

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 119.07(3)(i), 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 changed, or on an attachment with an address.

SIGNATURE: David A. Nixon, President April 19 1995 407 3913054
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
DAVID A. NIXON, President

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