
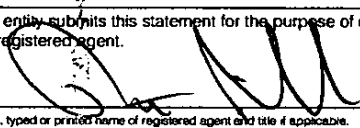
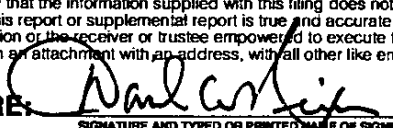


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2005 8:00 am**  
**Secretary of State**

05-09-2005 90292 003 \*\*\*\*61.25

<b>DOCUMENT # 745515</b>					
<b>1. Entity Name</b> THE YACHT & RACQUET CLUB OF BOCA RATON CONDOMINIUM ASSOCIATION "E", INC.					
<b>Principal Place of Business</b> 2701 N. OCEAN BLVD. BOCA RATON, FL 33431-7115			<b>Mailing Address</b> 2701 N. OCEAN BLVD. BOCA RATON, FL 33431-7115		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-1887316	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
REINHARD, PETER LCAM 2711 N. OCEAN BLVD. BOCA RATON, FL 33431			Name Street Address (P.O. Box Number is Not Acceptable) City		
			State <b>FL</b> Zip Code		
<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.</b>					
SIGNATURE		(NOTE: Registered Agent signature required when reinstating)			
		DATE <b>4/7/05</b>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> 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	PD	<input type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NIXON, DAVE		NAME	SAXL, JOE	
STREET ADDRESS	2701 N. OCEAN BLVD.		STREET ADDRESS	2701 N. OCEAN BLVD	
CITY-ST-ZIP	BOCA RATON, FL		CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAMOND, SONNY		NAME	YEAGER, PAULA	
STREET ADDRESS	2701 N. OCEAN BLVD.		STREET ADDRESS	2701 N. OCEAN BLVD	
CITY-ST-ZIP	BOCA RATON, FL		CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAXL, JOE		NAME		
STREET ADDRESS	2701 N. OCEAN BLVD.		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILK, ROBERT		NAME		
STREET ADDRESS	2701 N. OCEAN BLVD.		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>DAVID A. NIXON</b>			
		DATE <b>4/15/05</b> DAYTIME PHONE # <b>561 391 3054</b>			