

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **746743** (4)  
1. Corporation Name

**THE YACHT & RACQUET CLUB OF BOCA RATON CONDOMINIUM ASSOCIATION "F", INC.**



Principal Place of Business: **2697 N. OCEAN BLVD. BOCA RATON FL 33431-7115**  
Mailing Address: **2697 N. OCEAN BLVD. BOCA RATON FL 33431-7115**

3. Date Incorporated or Qualified: **04/13/1979**  
3a. Date of Last Report: **05/01/1995**

21	2. Principal Place of Business	2a	Mailing Address	4	FEI Number	Applied For
		26			<b>59-1943666</b>	Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	City & State	28	City & State	6	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Zip	29	Zip	8	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Country		Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>JOHNSON, SHAWN D. 2711 N OCEAN BLVD BOCA RATON FL 33431</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKER, ALAN		1.2 NAME	SKLAR, HAROLD	
STREET ADDRESS	2697 N OCEAN BLVD		1.3 STREET ADDRESS	2697 N. OCEAN BLVD.	
CITY-ST-ZIP	BOCA RATON, FL 00000		1.4 CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE	VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKLAR, HAROLD		2.2 NAME	LAWRENCE SEHRES	
STREET ADDRESS	2697 N. OCEAN BLVD		2.3 STREET ADDRESS	2697 N. OCEAN BLVD.	
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE	TD	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINESMITH, MAX		3.2 NAME		
STREET ADDRESS	2697 N OCEAN BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		3.4 CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOX, JACK		4.2 NAME		
STREET ADDRESS	2697 N OCEAN BLVD		4.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 00000		4.4 CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEHRES, LAWRENCE		5.2 NAME		
STREET ADDRESS	2697 N OCEAN BLVD		5.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 119.07(3)(k), 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 to an address.

SIGNATURE: *Harold Sklar* Date: 4/18/96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)