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FILED
May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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
4. FEI Number: 59-1943666
Applied For: Not Applicable:
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. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-fields for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent
JOHNSON, SHAWN D.
2711 N OCEAN BLVD
BOCA RATON FL 33431

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code.

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP SKLAR, HAROLD	1.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	2697 N OCEAN BLVD	1.2 NAME	
STREET ADDRESS	BOCA RATON, FL 00000	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD SHERES, LAWRENCE	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	2697 N OCEAN BLVD	2.2 NAME	
STREET ADDRESS	BOCA RATON FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TD FINESMITH, MAX	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	2697 N OCEAN BLVD	3.2 NAME	
STREET ADDRESS	BOCA RATON FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	SD FOX, JACK	4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	2697 N OCEAN BLVD	4.2 NAME	
STREET ADDRESS	BOCA RATON, FL 00000	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D KOHN, ROBERT	5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	2697 N. OCEAN BLVD.	5.2 NAME	
STREET ADDRESS	BOCA RATON FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 in an attachment with an address.

SIGNATURE: *Robert Kohn* 4-15-98
SIGNATURE AND TYPED OR PRINTED NAME OF SHOWING OFFICER OR DIRECTOR Date Daytime Phone # 0039248

CR2E037 (10/97)