

2002 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
May 29, 2002 8:00 am
Secretary of State

05-01-2002 91507 013 ****61.25

DOCUMENT # 746743

1. Entity 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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1943666

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WOOD, RICHARD W
2711 N OCEAN BLVD
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name **BERTORELLI, THOMAS GENERAL MANAGER**

Street Address (P.O. Box Number is Not Acceptable)

2711 N. OCEAN BLVD

City **BOCA RATON**

FL Zip Code **33431**

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.

SIGNATURE *Th J Bertorelli*

(NOTE: Registered Agent signature required when reinstating)

DATE

4/14/02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	FOX, JACK	
STREET ADDRESS	2697 N OCEAN BLVD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	FANKHAUSER, WILLIAM	
STREET ADDRESS	2697 N OCEAN BLVD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SKLAR, HAROLD	
STREET ADDRESS	2697 N OCEAN BLVD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BECKS, MATTHEWS	
STREET ADDRESS	2697 N. OCEAN BLVD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FINESMITH, MAX	
STREET ADDRESS	2697 N. OCEAN BLVD.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PETHO, LOU	
STREET ADDRESS	2697 N OCEAN BLVD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SEHRES, LARRY	
STREET ADDRESS	2697 N OCEAN BLVD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FELDMAN, IRWIN	
STREET ADDRESS	2697 N OCEAN BLVD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE:

Signature
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)