
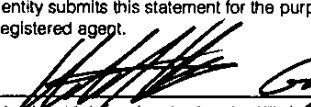
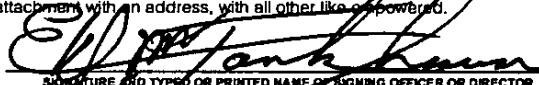


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90242 039 \*\*\*\*61.25

<b>DOCUMENT # 746743</b>			
1. Entity Name <b>THE YACHT &amp; RACQUET CLUB OF BOCA RATON CONDOMINIUM ASSOCIATION "F", INC.</b>			
Principal Place of Business <b>2697 N. OCEAN BLVD.          BOCA RATON, FL 33431-7115</b>		Mailing Address <b>2697 N. OCEAN BLVD.          BOCA RATON, FL 33431-7115</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>59-1943666</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>REINHARD, PETER          2711 N OCEAN BLVD.          BOCA RATON, FL 33431</b>		Name <b>Robert J. UAW Liew G.M.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2711 N. Ocean Blvd</b> City <b>Boca Raton</b> <b>FL</b> Zip Code <b>33431</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.			
SIGNATURE 		DATE	
Signature, typed or printed, name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
<b>Filing Fee is \$61.25          Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRAKHAUSER, WILLIAM</b>	NAME	
STREET ADDRESS	<b>2697 N OCEAN BLVD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON, FL 33431</b>	CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	<b>PD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PETHO, LOU</b>	NAME	<b>Howard Whitman</b>
STREET ADDRESS	<b>2697 N OCEAN BLVD</b>	STREET ADDRESS	<b>2697 N. Ocean Blvd</b>
CITY-ST-ZIP	<b>BOCA RATON, FL</b>	CITY-ST-ZIP	<b>Boca Raton FL 33431</b>
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ISAN, ELLIOTT</b>	NAME	
STREET ADDRESS	<b>2697 N. OCEAN BLVD.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON, FL 33431</b>	CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	<b>TD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FINESMITH, MAX</b>	NAME	<b>Harold TRAGER</b>
STREET ADDRESS	<b>2697 N. OCEAN BLVD.</b>	STREET ADDRESS	<b>2697 N. OCEAN BLVD</b>
CITY-ST-ZIP	<b>BOCA RATON, FL</b>	CITY-ST-ZIP	<b>Boca Raton FL 33431</b>
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOPKINS, SID</b>	NAME	
STREET ADDRESS	<b>2697 N. OCEAN BLVD.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON, FL 33431</b>	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KAPLAN, JEROME</b>	NAME	
STREET ADDRESS	<b>2697 N. OCEAN BLVD.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON, FL 33431</b>	CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 powers.			
SIGNATURE: 		Date <b>5/1/06</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Days/Time Phone #	