

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90069 048 \*\*\*\*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

40057040



01252007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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**

VAN LIEU, ROBERT J GM  
2711 N OCEAN BLVD  
BOCA RATON, FL 33431

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME ~~FRANKHAUSER~~, WILLIAM **FRANKHAUSER**  
STREET ADDRESS 2697 N OCEAN BLVD  
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE PD  
NAME WHITMAN, HOWARD  
STREET ADDRESS 2697 N OCEAN BLVD  
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE VP  
NAME ISAN, ELLIOTT  
STREET ADDRESS 2697 N. OCEAN BLVD.  
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE TD  
NAME TRAGER, HAROLD  
STREET ADDRESS 2697 N OCEAN BLVD  
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE S  
NAME KAPLAN, JEROME  
STREET ADDRESS 2697 N. OCEAN BLVD.  
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #