## 2008 NOT-FOR-PROFIT CORPORATION

## **ANNUAL REPORT**

## **DOCUMENT #746743**



1. Entity Name THE YACHT & RACQUET CLUB OF BOCA RATON CONDOMINIUM ASSOCIATION "F", INC.								03-2	27-200	8 90034	023 **	***61.	25		
Principal Place of Business 2697 N. OCEAN BLVD. BOCA RATON, FL 33431-7115  Mailing Address 2697 N. OCEAN BLVD. BOCA RATON, FL 33431-7115							-								
Principal Place of Business - No P.O. Box #     3. Mailing Address															
Suite, Apt. #, etc.				Suite, Apt. #, etc.				01092008	Chg-	-NP	CR2	E037 (12	2/06)		
City & State City				ty & State				4. FEI Numb 59-194						plied For t Applicable	
Zip	Country			Zip Cou				5. Certificate of Status Desired					\$8.75 Additional Fee Required		
	6. Name and	Address of Curren	nt Registered	Agent				7. Name and	d Addres	ss of Nev	v Register	ed Agent	t		
V/ANLIELI	PORERT 10	2M				Name	4.1.	ENGAR	22.1	PE	TER C	ESG	9		
2711 N OCEAN BLVD Street Address						ddress (I	P.O. Box Numb	er is Not	t Accepta	able)					
BOCA RATON, FL 33431							25	N. FLA	GLER	2 1)1	? 71	MFL			
				•	City 10 - 1			oun BE	DUN		F		Zip Code 3 <i>340 i</i>	,	
	e named entity at tions of registered	omits this tatement agent.	for the purpor	se of changing its r	egistere	ed office a	r register	ed agent, or bo	oth, in the	e State of	Florida. I	am femilia	ar with, :	and accept	
SIGNATURE Signature, typed or printed name of registered against size if approache. (NOTE: Registered Agent signature required when reinstating)  DATE  DATE															
SIGNATURE	Signature, typed or prin	nted name of registered age	and title if appro-	able. (NOTE:	Registere	d Agent signa	bure required	when reinstating)			DA	7			
SIGNATURE	Signature, typed or printing Fee is Due by May	\$61.25	and title if appro-	9. Election Camp Trust Fund Co	paign F	inancing	beruper eru	\$5.00 May Added to Feet		/ 	Make ch				
SIGNATURE	Filing Fee is	\$61.25		9. Election Cam	paign F	inancing		\$5.00 May	s		lorida De	partmen	nt of St	ate	
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BOCA RATON FL 33431 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.

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Mar 27, 2008 8:00 am Secretary of State