
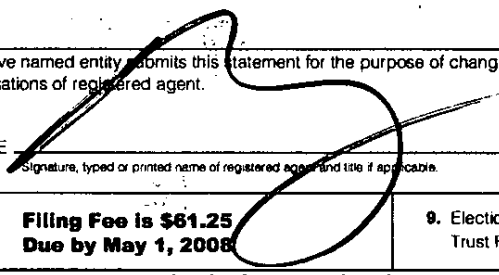
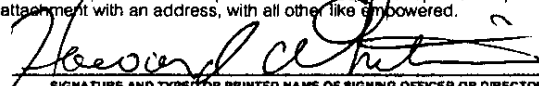


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 27, 2008 8:00 am**  
**Secretary of State**

03-27-2008 90034 023 \*\*\*\*61.25

<b>DOCUMENT # 746743</b>					
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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01092008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-1943666	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
VAN LIEU, ROBERT J GM 2711 N OCEAN BLVD BOCA RATON, FL 33431			Name MOLLENGARDEN PETER C ESQ		
			Street Address (P.O. Box Number is Not Acceptable) BECKER + POZOIAKOS PA		
			625 N. FLAGLER DR 7th FL		
			City W. PALM BEACH		FL Zip Code 33401
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 2/27/08		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
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	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FANKAUSER, WILLIAM		NAME	LOU PETHO	
STREET ADDRESS	2697 N OCEAN BLVD		STREET ADDRESS	2697 N. OCEAN BLVD	
CITY-ST-ZIP	BOCA RATON, FL 33431		CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITMAN, HOWARD		NAME	WHITMAN HOWARD	
STREET ADDRESS	2697 N OCEAN BLVD		STREET ADDRESS	2697 N OCEAN BLVD	
CITY-ST-ZIP	BOCA RATON, FL 33431		CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ISAN, ELLIOTT		NAME	MARKS, BUDDY	
STREET ADDRESS	2697 N. OCEAN BLVD.		STREET ADDRESS	2697 N. OCEAN BLVD	
CITY-ST-ZIP	BOCA RATON, FL 33431		CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRAGER, HAROLD		NAME	ZELTT, HOWARD	
STREET ADDRESS	2697 N OCEAN BLVD		STREET ADDRESS	2697 N. OCEAN BLVD	
CITY-ST-ZIP	BOCA RATON, FL 33431		CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	S	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAPLAN, JEROME		NAME	KAPLAN JEROME	
STREET ADDRESS	2697 N. OCEAN BLVD.		STREET ADDRESS	2697 N OCEAN BLVD	
CITY-ST-ZIP	BOCA RATON, FL 33431		CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	SHAPIRO, LINDA	
STREET ADDRESS			STREET ADDRESS	2697 N OCEAN BLVD	
CITY-ST-ZIP			CITY-ST-ZIP	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 information.					
SIGNATURE: 			DATE: 2/27/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			HOWARD WHITMAN 561-368-8032		
			Daytime Phone #		