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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

Principal Place of Business

748054 DOCUMENT #

BOCA RATON FL

DITY ST-7IP

SIGNATURE:

(4)

Mailing Address

THE YACHT & RACQUET CLUB OF BOCA RATON CONDOMINI UM ASSOCIATION "H", INC.

2717 NO OCEAN BLVD 2717 NO OCEAN BLVD BOCA RATON FL 33431-7115 BOCA RATON FL 33431-7115 3. Date Incorporated or Qualified 07/11/1979 3a. Date of Last Report 05/01/1995 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-1943662 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation has liability for intangible tax under s. 199.032, Country Zip Zip Florida Statutes ☐ Yes ☐ No 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name JOHNSON, SHAWN D Street Address (P.O. Box Number is Not Acceptable) 82 1478 SPRINGSIDE DRIVE 83 FT. LAUDERDALE FL 33326 Zip Code 84 85 City 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes SIGNATURE (NOTE: Falgutore 1 Agent signature required whom rumstidings DATE Signature, typed or printed name of registered agent and title if applicable ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 Change ___ Addition DELETE 1.1 TITLE TITLE O'HARE, TOM 1.2 NAME CR2E037 NAME 2717 N. OCEAN BLVD. 1.3 STREET ADORESS STREET ADDRESS BOCA RATON, FL 00000 1 4 CITY - ST - ZIP CITY-ST-ZIP ☐ Change Addition TD. DELETE 2.1 TITLE TITLE PLUTA, JOHN 2.2 NAME NAME 2657 N OCEAN BLVD STREET ADDRESS 2.3 STREET ADDRESS **BOCA RATON, FL 00000** CITY-ST-ZIP 2 4 CiTY - ST - ZIP ☐ Change ☐ Addition VΡ DELETE 3.1 TITLE TITLE STEIN, SUE 3.2 NAME NAME 2717 N. OCEAN BLVD. 3.3 STREET ADDRESS STREET ADDRESS BOCA RATON, FL 00000 3.4 CITY-ST-ZIP CITY-ST-ZIP Change ncitibbA [] DELETE 4 I TILLE TITLE DICKINSON, DOROTHY 4 2 NAME NAME 2717 N. OCEAN BLVD. 4.3 STREET ADDRESS STREET ACCRESS **BOCA RATON, FL 00000** 4.4 CITY - ST - 7IF CITY-ST-ZIP DELETE Change Addition 51 TITLE TITLE ΤD **BOLL, VON** 5.2 NAME NAMÉ BOLL, VON 2657 N OCEAN BLVD STREET ADDRESS 5.3 STRUET ADDRESS 2657 N OCEAN BLVD **BOCA RATON FL** 5.4 CHTY - ST - ZIP CITY - ST - ZIP BOCA RATON FL DELETE Change ☐ Addition 6.1 THILE TITLE ALROD, ROBERT 6.2 NAME NAME 2717 N. OCEAN BLVD. 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY - ST - ZIP

AME OF SIGNING DEFICER OR DIRECTOR

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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