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Apr 01 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 748054 (4)

1. Corporation Name

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

Principal Place of Business

Mailing Address

2717 NO OCEAN BLVD
BOCA RATON FL 33431-71152717 NO OCEAN BLVD
BOCA RATON FL 33431-71153. Date Incorporated or Qualified
07/11/19793a. Date of Last Report
04/02/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

4. FEI Number

59-1943662

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSON, SHAWN D
1478 SPRINGSIDE DRIVE
FT. LAUDERDALE FL 33328

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME O'HARE, TOM
STREET ADDRESS 2717 N. OCEAN BLVD.
CITY-ST-ZIP BOCA RATON, FL 00000TITLE VP
NAME STEIN, SUE
STREET ADDRESS 2717 N. OCEAN BLVD.
CITY-ST-ZIP BOCA RATON, FL 00000TITLE SD
NAME DICKINSON, DOROTHY
STREET ADDRESS 2717 N. OCEAN BLVD.
CITY-ST-ZIP BOCA RATON, FL 00000TITLE TD
NAME BOLL, VON
STREET ADDRESS 2657 NORT OCEAN BLVD
CITY-ST-ZIP BOCA RATON FLTITLE D
NAME ALROD, ROBERT
STREET ADDRESS 2717 N. OCEAN BLVD.
CITY-ST-ZIP BOCA RATON FLTITLE D
NAME STURGELL, CHARLES
STREET ADDRESS 2677 N. OCEAN BLVD
CITY-ST-ZIP BOCA RATON, FL 334311.1 TITLE PD
1.2 NAME DICKINSON, DOROTHY
1.3 STREET ADDRESS 2717 N. OCEAN BLVD.
1.4 CITY-ST-ZIP BOCA RATON, FL 334312.1 TITLE VP
2.2 NAME PLOTCH, ELI
2.3 STREET ADDRESS 2717 N. OCEAN BLVD.
2.4 CITY-ST-ZIP BOCA RATON, FL 334313.1 TITLE SD
3.2 NAME LEVEY, BARRY
3.3 STREET ADDRESS 2717 N. OCEAN BLVD.
3.4 CITY-ST-ZIP BOCA RATON, FL 334314.1 TITLE TD
4.2 NAME PLOTCH, ELI
4.3 STREET ADDRESS 2677 N. OCEAN BLVD.
4.4 CITY-ST-ZIP BOCA RATON, FL 334315.1 TITLE D
5.2 NAME O'HARE, TOM
5.3 STREET ADDRESS 2717 N. OCEAN BLVD.
5.4 CITY-ST-ZIP BOCA RATON, FL 334316.1 TITLE D
6.2 NAME AGNOFF, CHARLES
6.3 STREET ADDRESS 2657 N. OCEAN BLVD.
6.4 CITY-ST-ZIP BOCA RATON, FL 33431

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.03(1), 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0038780

CR2E037 (9/96)