2002 UNIFORM BUSINESS REPORT (UBR) FILED May 02, 2002 8:00 am § Secretary of State **DOCUMENT # 748054** 1. Entity Name : THE YACHT & RACQUET CLUB OF BOCA RATON CONDOMINI 05-02-2002 90141 003 ****61.25 UM ASSOCIATION "H", INC. Principal Place of Business Mailing Address 2717 NO OCEAN BLVD 2717 NO OCEAN BLVD ~~~002<u>249</u> BOCA RATON FL 33431-7115 BOCA RATON FL 33431-7115 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1943662 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BERTORELLI, THOMAS GENERAL MANAGER WOOD, RICHARD W Street Address (P.O. Box Number is Not Acceptable) 2717 N OCEAN BLVD **BOCA RATON FL 33431** 2711 N OCEAN BLVD City BOCA RATON Zig Gode31 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 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. \Box . W. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Delete TITLE Addition DICKINSON, DORAITHY WESTLEY, MIKE NAME STREET ADDRESS 2717 N. OCEAN BLVD. 2717 N. OCEAN BLVD STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33431** CITY-ST-ZIP BOCA RATON FL. 33431 ☐ Delete TITLE ☐ Change Addition WERNER, LOU NAME NAME ELI PLOTCH STREET ADDRESS 2717 N. OCEAN BLVD. STREET ADDRESS 2717 N OCEAN BLYD CITY-ST-ZIP BOCA RATON FL 33431 CITY-ST-ZIP <u> RATON FL 33431</u> TITLE ☐ Delete ☐ Change ☐ Addition ELRAD, MARVIN_ NAME STREET ADDRESS 2717 N. OCEAN BLVD. STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33431** CITY-ST-ZIP TITLE 🗷 Delete TITLE ☐ Change ☐ Addition STEIN, SID NAME NAME STREET ADDRESS 2717 NORTH OCEAN BLVD STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33431** CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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

STREET ADDRESS

NAME

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

(9/01