


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90083 027 ****61.25

DOCUMENT # N32708			
1. Entity Name THE YACHT CLUB RESIDENCE, A CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 100 MACFARLANE DRIVE DELRAY BEACH FL 33483-6804		Mailing Address SERGIOS PROPERTY MGT. P.O. BOX 639 DELRAY BEACH FL 33447-0639 US	
2. Principal Place of Business		3. Mailing Address 60 Venetian Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Delray Beach FL	
Zip	Country	Zip 33403	Country Palm Beach
6. Name and Address of Current Registered Agent SERGIO'S PROPERTY MANAGEMENT INC 60 VENETIAN DRIVE DELRAY BEACH FL 33483		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
DATE _____			
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	PD DIXON, CHRISTIAN 100 MACFARLANE DRIVE UNIT 2A DELRAY BEACH FL 33483 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ZUMKEHR, CATHY 100 MACFARLANE DR-UNIT 2C DELRAY BEACH FL 33483 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SARGENT, SHARON 100 MACFARLANE DRIVE UNIT C DELRAY BEACH FL 33483 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing 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.

SIGNATURE: Cathy on zumkehr, Sec
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561 266 7371
2/9/05 **330 620 9414**
Date Daytime Phone #