## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32708

FILED Jun 19, 2008 Secretary of State

Entity Name: THE YACHT CLUB RESIDENCE, A CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

100 MACFARLANE DRIVE DELRAY BEACH, FL 334836804

**Current Mailing Address:** 

43 SOUTH POMPANO PARKWAY

POMPANO BEACH, FL 33069

FEI Number: 65-0269563 FEI Number Applied For ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PERSONAL PROPERTY MANAGEMENT, INC. 43 SOUTH POMPANO PARKWAY

POMPANO BEACH, FL 33069 US

Name and Address of New Registered Agent:

PERSONAL PROPERTY MANAGEMENT, INC. 1500 W CYPRESS CREEK ROAD

**New Mailing Address:** 

POMPANO BEACH, FL 33066

PO BOX 667348

FEI Number Not Applicable ( )

419 FORT LAUDERDALE, FL 33309 US

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. SIGNATURE: ROBERT ANDREWS 06/19/2008

Electronic Signature of Registered Agent

Date

US

Certificate of Status Desired ( )

## **OFFICERS AND DIRECTORS:**

() Delete

CHAISSON, LLOYD Name: 100 MACFARLAND AV., UNIT 4D Address: City-St-Zip: DELRAY BEACH, FL 33483

Title: **VPSD** ( ) Delete Name: SARGENT, LARRY

Address: 100 MACFARLAND AC. UNIT 3C City-St-Zip: DELRAY BEACH, FL 33483

Title: () Delete MEISNER, LARRY Name:

100 MACFARLAND AV, UNIT 4B Address: City-St-Zip: DELRAY BEACH, FL 33483

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition

CHAISSON, LLOYD Name:

Address: 100 MACFARLAND DR., UNIT 4D City-St-Zip: DELRAY BEACH, FL 33483

Title: (X) Change ( ) Addition

Name: SARGENT, LARRY

Address: 100 MACFARLAND DR. UNIT 3C City-St-Zip: DELRAY BEACH, FL 33483

Title: (X) Change ( ) Addition

Name: MATTHEWS, MITLON Address: 100 MACFARLAND DR City-St-Zip: DELRAY BEACH, FL 33483

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LLOYD CHAISSON PD 06/19/2008