

FILE NOW: FILING FEE IS \$61.25

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Jun 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mörtham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N41838 (6)

1. Corporation Name
BOCA HIGHLAND COMMUNITY YACHT ASSOCIATION, INC.



Principal Place of Business SUITE 108, 7280 W. PALMETTO PARK RD. BOCA RATON FL 33433	Mailing Address SUITE 108, 7280 W. PALMETTO PARK RD. BOCA RATON FL 33433
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3. Date Incorporated or Qualified 01/28/1991	4. FEI Number 65-0253441	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CLAIRE, ROBERT I.
SUITE 108
7280 W. PALMETTO PARK RD.
BOCA RATON FL 33433**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DELL, VINCENT	
STREET ADDRESS	4740 S OCEAN BLVD APT LPH-1	
CITY-ST-ZIP	HIGHLAND BEACH FL	
TITLE	VPSD	<input checked="" type="checkbox"/> DELETE
NAME	WACHS, MICHAEL	
STREET ADDRESS	4740 S OCEAN BLVD APT 516	
CITY-ST-ZIP	HIGHLAND BEACH FL	
TITLE	TD TREASURER & DIRECTOR	<input type="checkbox"/> DELETE
NAME	WOLFSON, CRAFTON	
STREET ADDRESS	4740 S OCEAN BLVD APT 402	
CITY-ST-ZIP	HIGHLAND BCH FL 33487	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VICE PRES./DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WACHS, MICHAEL	
1.3 STREET ADDRESS	4740 S. OCEAN BLVD. APT. 516	
1.4 CITY-ST-ZIP	HIGHLAND BEACH, FL 33487	
2.1 TITLE	PRESIDENT - PRO TEMP/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	THOMAS, GEORGE	
2.3 STREET ADDRESS	4600 S. OCEAN BLVD. - APT. 402	
2.4 CITY-ST-ZIP	HIGHLAND BEACH, FL 33487	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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.

CP2E037 (10/97)