

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**


FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90092 048 ****61.25

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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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/28/1991	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 65-0253441		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. Country				

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
FL

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	VPD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PRES./DIRECTOR	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WACHS, MICHAEL			1.2 NAME	GEORGE THOMAS		
STREET ADDRESS	4740 S OCEAN BLVD, APT 578			1.3 STREET ADDRESS	4600 S. OCEAN BLVD. APT. 902		
CITY-ST-ZIP	HIGHLAND BEACH FL 33487			1.4 CITY-ST-ZIP	HIGHLAND BEACH, FL 33487		
TITLE	PD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	V.P./DIRECTOR	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	THOMAS, GEORGE			2.2 NAME	ARNOLD SILVERMAN		
STREET ADDRESS	4600 S OCEAN BLVD. APT 902			2.3 STREET ADDRESS	4600 S. OCEAN BLVD. APT. LPH		
CITY-ST-ZIP	HIGHLAND BEACH FL 33487			2.4 CITY-ST-ZIP	HIGHLAND BEACH, FL 33487		
TITLE	TD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WOLFSON, CRAFTON, TREAS.			3.2 NAME			
STREET ADDRESS	4740 S OCEAN BLVD APT 402			3.3 STREET ADDRESS			
CITY-ST-ZIP	HIGHLAND BCH FL 33487			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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, with all other like empowered.

SIGNATURE: CRAFTON WOLFSON, TREAS. 1/8/99 561-447-9665

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/198)