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CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB -8 AM 9: 39

DOCUMENT # 704616 (2)

1. Corporation Name

YACHT HARBOR MANOR PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1010 MORSE BLVD  
RIVIERA BCH FL 33404  
US

1010 MORSE BLVD  
RIVIERA BCH FL 33404  
US

DO NOT WRITE IN THIS SPACE

|  |                                       |
|--|---------------------------------------|
| 3. Date Incorporated or Qualified<br>10/08/1962  | 3a. Date of Last Report<br>02/02/1994 |
| 4. FEI Number<br>59-2810684  | Applied For<br>Not Applicable         |
| 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>   | \$68.75 Supplemental Fee Not Required |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |                                       |

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. |
| 22 City & State                | 27 City & State        |
| 23 Zip                         | 28 Zip                 |
| 24 Country                     | 29 Country             |
| 25                             | 30                     |

9. Name and Address of Current Registered Agent

BENKENBLIT, MICHAEL  
1010 MORSE BLVD  
RIVIERA BEACH FL 33404

10. Name and Address of New Registered Agent

|   |    |
|---|----|
| 81 Name   |    |
| 82 Street Address (P.O. Box Number is Not Acceptable) |    |
| 83  |    |
| 84 City   | FL |
| 85 Zip Code   |    |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and site if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

|                 |                        |
|-----------------|------------------------|
| TITLE           | TD                     |
| NAME            | NICHOLS, WESLEY        |
| STREET ADDRESS  | 1000 POWELL DR.        |
| CITY - ST - ZIP | RIVIERA BEACH FL       |
| TITLE           | BD                     |
| NAME            | BERKENBLIT, MICHAEL    |
| STREET ADDRESS  | 1010 MORSE BLVD        |
| CITY - ST - ZIP | RIVIERA BCH, FL 33404  |
| TITLE           | BD                     |
| NAME            | HARTMAN, JACK          |
| STREET ADDRESS  | 1801 MANOR DR          |
| CITY - ST - ZIP | RIVIERA BEACH FL       |
| TITLE           | SD                     |
| NAME            | KUNUTY, AGNES          |
| STREET ADDRESS  | 1120 POWELL DRIVE      |
| CITY - ST - ZIP | RIVIERA BEACH FL       |
| TITLE           | D                      |
| NAME            | RADFORD, WILLIAM       |
| STREET ADDRESS  | 1111 POWELL DR.        |
| CITY - ST - ZIP | RIVIERA BEACH FL       |
| TITLE           | VD                     |
| NAME            | MCFARLANE, RICHARD     |
| STREET ADDRESS  | 1180 SINGER DR.        |
| CITY - ST - ZIP | RIVIERA BEACH FL 33404 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                         |   |
|---------------------|-------------------------|---|
| 1.1 TITLE           | TD                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| 1.2 NAME            | JOAN LUMB               |   |
| 1.3 STREET ADDRESS  | 1050 POWELL DR          |   |
| 1.4 CITY - ST - ZIP | RIVIERA BEACH, FL 33404 |   |
| 2.1 TITLE           | PD                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME            |                         |   |
| 2.3 STREET ADDRESS  |                         |   |
| 2.4 CITY - ST - ZIP |                         |   |
| 3.1 TITLE           | VD                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| 3.2 NAME            | DONNA BLONQUIST         |   |
| 3.3 STREET ADDRESS  | 1211 MORSE BLVD         |   |
| 3.4 CITY - ST - ZIP | RIVIERA BEACH, FL 33404 |   |
| 4.1 TITLE           | SD                      | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME            | LYNN NAIEN              |   |
| 4.3 STREET ADDRESS  | 1120 MORSE BLVD         |   |
| 4.4 CITY - ST - ZIP | RIVIERA BEACH FL 33404  |   |
| 5.1 TITLE           | D                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| 5.2 NAME            | ROBIN WILLIAMS          |   |
| 5.3 STREET ADDRESS  | 1221 MORSE BLVD         |   |
| 5.4 CITY - ST - ZIP | RIVIERA BEACH, FL 33404 |   |
| 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Joan H. Lumb Date: Feb 3, 1995  
(SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR)

(407) 842-3308