

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **704616** (2)

1. Corporation Name
YACHT HARBOR MANOR PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business: 1010 MORSE BLVD, RIVIERA BCH FL 33404, US
Mailing Address: 1010 MORSE BLVD, RIVIERA BCH FL 33404, US

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

3. Date Incorporated or Qualified: 10/08/1962
3a. Date of Last Report: 02/08/1995
4. FEI Number: 59-2810684
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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 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 I accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE (Signature of person or the name of registered agent and the date) (Print Name of Registered Agent, sign where required when non-official) DATE

12 OFFICERS AND DIRECTORS

TD	<input type="checkbox"/> DELETE
NAME: LUMB, JOAN	
STREET ADDRESS: 1050 POWELL DR	
CITY- ST- ZIP: RIVIERA BEACH FL	
TD	<input type="checkbox"/> DELETE
NAME: BERKENBLIT, MICHAEL	
STREET ADDRESS: 1010 MORSE BLVD	
CITY- ST- ZIP: RIVIERA BCH, FL 00000	
TD	<input type="checkbox"/> DELETE
NAME: BLOMQUIST, DONNA	
STREET ADDRESS: 1211 MORSE BLVD	
CITY- ST- ZIP: RIVIERA BEACH FL	
TD	<input type="checkbox"/> DELETE
NAME: NAIRN, LYNN	
STREET ADDRESS: 1120 MORSE BLVD	
CITY- ST- ZIP: RIVIERA BEACH FL	
TD	<input type="checkbox"/> DELETE
NAME: WILLIAMS, ROBIN	
STREET ADDRESS: 1221 MORSE BLVD	
CITY- ST- ZIP: RIVIERA BEACH FL	
TD	<input type="checkbox"/> DELETE
NAME: MCFARLANE, RICHARD	
STREET ADDRESS: 1190 SINGER DR.	
CITY- ST- ZIP: RIVIERA BEACH FL	

13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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: *[Signature]* **JOAN H. LUMB** 1/22/96 (407) 842-3308
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (City/State/Zip)

CR2E037 (12/95)