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Feb 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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 33404-2743
US

3. Date Incorporated or Qualified
10/08/1962

3a. Date of Last Report
01/26/1996

2. Principal Place of Business

2a. Mailing Address

21 1050 Powell Dr
Suite, Apt. #, etc.

26 1050 Powell Dr
Suite, Apt. #, etc.

4. FEI Number
59-2810684

Applied For
Not Applicable

22 RIVIERA BEACH
City & State

27 RIVIERA BEACH FL
City & State

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 ~~Riviera Beach~~ FL 33404
Zip Country

28 RIVIERA BEACH FL
Zip Country

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 33404 25 PB Co.

29 33404-2743 30 PB Co.

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BENKENBLIT, MICHAEL
1010 MORSE BLVD
RIVIERA BEACH FL 33404

81 Name JOAN LUMB
82 Street Address (P.O. Box Number is Not Acceptable) 1050 POWELL DR
83
84 City RIVIERA BEACH FL 85 Zip Code 33404

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]
Signature (typed or printed name of registered agent and, if applicable)

[Signature]
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	TD	<input type="checkbox"/> DELETE
NAME	LUMB, JOAN	
STREET ADDRESS	1050 POWELL DR	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
TITLE	PB	<input type="checkbox"/> DELETE
NAME	BERKENBLIT, MICHAEL	
STREET ADDRESS	1010 MORSE BLVD	
CITY-ST-ZIP	RIVIERA BCH, FL 00000	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BLOMQUIST, DONNA	
STREET ADDRESS	1211 MORSE BLVD	
CITY-ST-ZIP	RIVIERA BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	NAIRN, LYNN	
STREET ADDRESS	1120 MORSE BLVD	
CITY-ST-ZIP	RIVIERA BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAMS, ROBIN	
STREET ADDRESS	1221 MORSE BLVD	
CITY-ST-ZIP	RIVIERA BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MCFARLANE, RICHARD	
STREET ADDRESS	1190 SINGER DR.	
CITY-ST-ZIP	RIVIERA BEACH FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	Todd Buzek, Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	1221 MAME DR
3.4 CITY-ST-ZIP	RIVIERA BEACH FL 33404
4.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JOAN Smith
4.3 STREET ADDRESS	1061 MORSE BLVD
4.4 CITY-ST-ZIP	RIVIERA BEACH FL 33404
5.1 TITLE	Sec'y Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	President, Director <input checked="" 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 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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
Date

(561) 842-3308
Daytime Phone # 0040015

CFR2037 (9/96)