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Feb 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 704616 (2)
1. Corporation Name
YACHT HARBOR MANOR PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business 1050 POWELL DR RIVAERA BCH. FL 33404 US <i>Riviera</i>	Mailing Address 1050 POWELL DR. RIVIERA BCH. FL 33404 US
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3. Date Incorporated or Qualified 10/08/1962	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-2810684	
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 checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**LUMB, JOAN
1050 POWELL DR.
RIVIERA BCH. 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
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS	
TITLE TD	<input type="checkbox"/> DELETE
NAME LUMB, JOAN	
STREET ADDRESS 1050 POWELL DR	
CITY-ST-ZIP RIVIERA BEACH FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME BERKENBLIT, MICHAEL	
STREET ADDRESS 1010 MORSE BLVD	
CITY-ST-ZIP RIVIERA BCH, FL 00000	
TITLE D	<input type="checkbox"/> DELETE
NAME BOZER, TODD	
STREET ADDRESS 1221 MANOR BLVD.	
CITY-ST-ZIP RIVIERA BEACH FL	
TITLE D	<input type="checkbox"/> DELETE
NAME SMITH, JOAN	
STREET ADDRESS 1061 MORSE BLVD	
CITY-ST-ZIP RIVIERA BCH FL	
TITLE SD	<input type="checkbox"/> DELETE
NAME WILLIAMS, ROBIN	
STREET ADDRESS 1221 MORSE BLVD	
CITY-ST-ZIP RIVIERA BEACH FL	
TITLE PD	<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	
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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PD Wilt, Robert
2.3 STREET ADDRESS	1110 Powell DR
2.4 CITY-ST-ZIP	Riviera BEACH FL 33404
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BOZAK, TODD
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D
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)(l), 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]* Director 2/19/98 (561) 842-3308

CR2E037 (10/97)