


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90029 002 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 704616**  
 1. Corporation Name  
**YACHT HARBOR MANOR PROPERTY OWNERS' ASSOCIATION, INC.**

Principal Place of Business 1050 POWELL DR RIVIERA FL 33404 US	Mailing Address 1050 POWELL DR. RIVIERA BCH. FL 33404 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/08/1962
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2810684
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LUMB, JOAN 1050 POWELL DR. RIVIERA BCH. FL 33404		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 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUMB, JOAN	1.2 NAME	
STREET ADDRESS	1050 POWELL DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	RIVIERA BEACH FL	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILT, ROBERT	2.2 NAME	
STREET ADDRESS	1110 POWELL DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUZAK, TODD	3.2 NAME	D Buzak, Robin
STREET ADDRESS	1221 MANOR BLVD.	3.3 STREET ADDRESS	1221 MANOR DR
CITY-ST-ZIP	RIVIERA BEACH FL	3.4 CITY-ST-ZIP	Riviera Beach FL 33404
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, JOAN	4.2 NAME	D Ashton, William
STREET ADDRESS	1061 MORSE BLVD	4.3 STREET ADDRESS	1061 Morse Blvd
CITY-ST-ZIP	RIVIERA BCH FL	4.4 CITY-ST-ZIP	Riviera Beach, FL 33404
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, ROBIN	5.2 NAME	
STREET ADDRESS	1221 MORSE BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCFARLANE, RICHARD	6.2 NAME	
STREET ADDRESS	1190 SINGER DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	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: [Signature] SIGNATURE REQUIRED: Joan H. Lumb 2/10/99 (561) 842-3308  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)