

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2000 8:00 am**  
**Secretary of State**

02-07-2000 90063 050 \*\*\*\*61.25

**DOCUMENT # 704616**

1. Entity Name

**YACHT HARBOR MANOR PROPERTY OWNERS' ASSOCIATION,**

Principal Place of Business

Mailing Address

1050 POWELL DR  
 RIVIERA FL 33404  
 US

1050 POWELL DR.  
 RIVIERA BCH. FL 33404-2763  
 US

00016851

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2810684

Applied

Not

DO NOT WRITE IN THIS SPACE

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**LUMB, JOAN**  
**1050 POWELL DR.**  
**RIVIERA BCH. FL 33404**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>LUMB, JOAN</b>	
STREET ADDRESS	<b>1050 POWELL DR</b>	
CITY-ST-ZIP	<b>RIVIERA BEACH FL 33404</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>WILT, ROBERT</b>	
STREET ADDRESS	<b>1110 POWELL DR</b>	
CITY-ST-ZIP	<b>RIVIERA BEACH FL 33404</b>	
TITLE	<del><b>D</b></del>	<input type="checkbox"/> Delete
NAME	<del><b>BUZAK, ROBIN</b></del>	
STREET ADDRESS	<del><b>1221 MANOR BLVD.</b></del>	
CITY-ST-ZIP	<del><b>RIVIERA BEACH FL</b></del>	
TITLE	<del><b>D</b></del>	<input type="checkbox"/> Delete
NAME	<del><b>ASHTON, WILLIAM</b></del>	
STREET ADDRESS	<del><b>1191 MOTSE BLVD</b></del>	
CITY-ST-ZIP	<del><b>RIVIERA BCH FL</b></del>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>WILLIAMS, ROBIN</b>	
STREET ADDRESS	<b>1221 MORSE BLVD</b>	
CITY-ST-ZIP	<b>RIVIERA BEACH FL 33404</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MCFARLANE, RICHARD</b>	
STREET ADDRESS	<b>1190 SINGER DR.</b>	
CITY-ST-ZIP	<b>RIVIERA BEACH FL 33404</b>	

TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>TD</b>	<input type="checkbox"/> Change
NAME	<b>NEVINS, Robert</b>	
STREET ADDRESS	<b>1080 MORSE BLVD</b>	
CITY-ST-ZIP	<b>RIVIERA BEACH, FL 33404</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change
NAME	<b>HOLT, HAROLD</b>	
STREET ADDRESS	<b>1241 SINGER DR</b>	
CITY-ST-ZIP	<b>RIVIERA BEACH, FL 33404</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 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 10 or changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** *Joan M. Lumb 2/1/00 561-842*