

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90141 008 \*\*\*\*61.25

**DOCUMENT # 704616**

1. Entity Name

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

**907244**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <del>1050 POWELL DR</del> <del>RIVIERA BEACH FL 33404</del> US	Mailing Address <del>1050 POWELL DR</del> <del>RIVIERA BEACH FL 33404</del> US
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2. Principal Place of Business <b>1080 Morse Blvd</b>	3. Mailing Address <b>1080 Morse Blvd</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>Singer Island, FL</b>	City & State <b>Singer Island, FL</b>
Zip	Country

4. FEI Number <b>59-2810684</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>LUMB, JOAN</b> <b>1050 POWELL DR.</b> <b>RIVIERA BCH. FL 33404</b>	7. Name and Address of New Registered Agent Name <b>Robert Nevins</b> Street Address (P.O. Box Number is Not Acceptable) <b>1080 Morse Blvd.</b> City <b>Singer Island</b> FL Zip Code <b>33404</b>
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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 **Robert Nevins** **Robert Nevins** **1/17/01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW:</b> <b>FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>LUMB, JOAN</b> <b>1050 POWELL DR</b> <b>WEST PALM BEACH FL 33404</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>WILT, ROBERT</b> <b>1110 POWELL DR</b> <b>RIVIERA BEACH FL 33404</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>NORINA, ROBERT</b> <b>1080 MORSE BLVD</b> <b>WEST PALM BEACH FL 33404</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>NEVINS, Robert</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HOLT, HOWARD</b> <b>1241 SINGER DR</b> <b>WEST PALM BEACH FL 33404</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <del><b>WILLIAMS, ROBIN</b></del> <del><b>1221 MORSE BLVD</b></del> <del><b>RIVIERA BEACH FL</b></del> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>CROSS, GRETA</b> <b>1035 POWELL DR</b> <b>RIVIERA BEACH, FL 33404</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MCFARLANE, RICHARD</b> <b>1190 SINGER DR.</b> <b>RIVIERA BEACH FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>WILLIAMS, JAMES</b> <b>1191 MORSE BLVD</b> <b>RIVIERA BEACH, FL 33404</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 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 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE: **Robert Nevins** **1/17/01** **561 840-0699**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)