


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90132 050 \*\*\*\*61.25

**DOCUMENT # 704616**  
 1. Entity Name  
**YACHT HARBOR MANOR PROPERTY OWNERS' ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
**1080 MORSE BLVD**      **1080 MORSE BLVD**  
**SINGER ISLAND FL 33404**      **SINGER ISLAND FL 33404**  
**US**      **US**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



1st MOORE      CR2E037 (10/04)

4. FEI Number      Applied For  
**59-2810684**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**NEVINS, ROBERT**  
**1080 MORSE BLVD**  
**SINGER ISLAND FL 33404**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LUMB, JOAN	
STREET ADDRESS	1050 POWELL DR	
CITY-ST-ZIP	WEST PALM BEACH FL 33404	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DIMEO, DIANA	
STREET ADDRESS	1030 POWELL DR	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
TITLE	PD	<input type="checkbox"/> Delete
NAME	NEVINS, ROBERT	
STREET ADDRESS	1080 MORSE BLVD	
CITY-ST-ZIP	WEST PALM BEACH FL 33404	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARDO, DAWN	
STREET ADDRESS	1251 SINGER DR	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CROSS, GRETA	
STREET ADDRESS	1035 POWELL DR.	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, JAMES	
STREET ADDRESS	1191 MORSE BLVD	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRED JOLOWSKI	
STREET ADDRESS	1220 MORSE BLVD.	
CITY-ST-ZIP	RIVIERA BEACH, FL 33404	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBBIE BUTTS	
STREET ADDRESS	1140 SINGER DRIVE	
CITY-ST-ZIP	RIVIERA BEACH, FL 33404	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 all other like empowered.

SIGNATURE: *[Signature]*      Treasurer      2005      (5761-844-9161)  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone