


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90033 011 ****61.25

DOCUMENT # 704616			
1. Entity Name YACHT HARBOR MANOR PROPERTY OWNERS' ASSOCIATION, INC.			
Principal Place of Business 1120 POWELL DR RIVIERA BEACH, FL 33404 US		Mailing Address 1120 POWELL DR RIVIERA BEACH, FL 33404 US	
2. Principal Place of Business - No P.O. Box # 1140 Singer Dr Suite, Apt. #, etc.		3. Mailing Address 1281 No Ocean Dr Ste 185 Suite, Apt. #, etc.	
City & State RIVIERA BEACH, FL		City & State Riviera Beach, FL	
Zip 33404	Country USA	Zip 33404	Country USA
4. FEI Number 59-2810684		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KUNUTY, ED -- 1281 N. OCEAN DR SUITE 185 RIVIERA BEACH, FL 33404		7. Name and Address of New Registered Agent Name: Janet Kranich Street Address (P.O. Box Number is Not Acceptable): 1070 Singer Dr City: Riviera Beach FL Zip Code: 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: <u>Janet V. Kranich</u>		DATE: <u>3/10/08</u>	
Filing Fee is \$81.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D NAME: ANDERSON, BILL STREET ADDRESS: 1021 POWELL DR CITY-ST-ZIP: RIVIERA BEACH, FL 33404	<input checked="" type="checkbox"/> Delete	TITLE: NAME: DIUGUARDI, FRED STREET ADDRESS: 1295 SINGER DR. CITY-ST-ZIP: RIVIERA Bch, FL 33404	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: KRANCH, JANET STREET ADDRESS: 1070 SINGER DR CITY-ST-ZIP: RIVIERA BEACH, FL 33404	<input type="checkbox"/> Delete	TITLE: NAME: CUNNINGHAM, STUART STREET ADDRESS: 1300 MANOR DR CITY-ST-ZIP: RIVIERA Bch, FL 33404	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: MACDONALD, PAUL STREET ADDRESS: 1026 POWELL CITY-ST-ZIP: RIVIERA BEACH, FL 33404	<input checked="" type="checkbox"/> Delete	TITLE: NAME: SEAY, MELISSA STREET ADDRESS: 1001 POWELL DR CITY-ST-ZIP: RIVIERA Bch, FL 33404	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: WILT, BOB STREET ADDRESS: 1110 POWELL CITY-ST-ZIP: RIVIERA BEACH, FL 33404	<input checked="" type="checkbox"/> Delete	TITLE: NAME: SACCOIA, GIORIA STREET ADDRESS: 1025 POWELL DR CITY-ST-ZIP: RIVIERA Bch, FL 33404	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: BUTTS, ROBBIE STREET ADDRESS: 1140 SINGER DRIVE CITY-ST-ZIP: RIVIERA BEACH, FL 33404	<input type="checkbox"/> Delete	TITLE: NAME: WILLIAMS, ROBIN STREET ADDRESS: 1221 MORSE BLVD CITY-ST-ZIP: RIVIERA Bch, FL 33404	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PD NAME: KUNUTY, ED STREET ADDRESS: 1120 POWELL DR CITY-ST-ZIP: RIVIERA BEACH, FL 33404	<input checked="" type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Janet V. Kranich</u>		DATE: <u>3/10/08</u> 561-848-3607	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	