

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90243 032 ****61.25

DOCUMENT # **704616**



1. Entity Name
YACHT HARBOR MANOR PROPERTY OWNERS' ASSOCIATION, INC.

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

Mailing Address
**1080 MORSE BLVD
SINGER ISLAND FL 33404
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

4. FEI Number **59-2810684**

Applied For
Not Applicable

Zip Country Zip Country

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

FILE NOW: FEE IS \$61.25

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PO	<input type="checkbox"/> Delete	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LUMB, JOAN		NAME DIMEO, DIANA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1050 POWELL DR		STREET ADDRESS 1030 Powell DR	
CITY-ST-ZIP WEST PALM BEACH FL 33404		CITY-ST-ZIP Riviera Beach FL 33404	
TITLE VD	<input checked="" type="checkbox"/> Delete	TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MOORE, GEOFFREY		NAME Pardo, Dawn	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1118 MORTSE BLVD		STREET ADDRESS 1251 Singer Dr.	
CITY-ST-ZIP RIVIERA BEACH FL 33404		CITY-ST-ZIP Riviera Beach FL 33404	
TITLE TD	<input type="checkbox"/> Delete	TITLE SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NEVINS, ROBERT		NAME CROSS, GRETA	
STREET ADDRESS 1080 MORSE BLVD		STREET ADDRESS 1035 POWELL DR.	
CITY-ST-ZIP WEST PALM BEACH FL 33404		CITY-ST-ZIP RIVIERA BEACH FL 33404	
TITLE D	<input checked="" type="checkbox"/> Delete	TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HOLT, HOWARD		NAME WILLIAMS, JAMES	
STREET ADDRESS 1241 SINGER DR		STREET ADDRESS 1191 MORSE BLVD	
CITY-ST-ZIP WEST PALM BEACH FL 33404		CITY-ST-ZIP RIVIERA BEACH FL 33404	
TITLE SD	<input type="checkbox"/> Delete	TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CROSS, GRETA		NAME WILLIAMS, JAMES	
STREET ADDRESS 1035 POWELL DR.		STREET ADDRESS 1191 MORSE BLVD	
CITY-ST-ZIP RIVIERA BEACH FL 33404		CITY-ST-ZIP RIVIERA BEACH FL 33404	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Robert Nevins*
ROBERT NEVINS, Treasurer

Date **2/11/03** Daytime Phone # **561-840-0699**

CB02037 (10/02)