## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

713640 DOCUMENT #

YACHT HARBOR, INC. Principal Place of Business Mailing Address 2500 GULF SHORE BLVD. NORTH 2500 GULF SHORE BLVD. NORTH NAPLES FL 34103-4391 NAPLES FL 33940 3. Date Incorporated or Qualified 11/16/1967 02/19/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-1722222 Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution Added to Fees 23 28 Zφ Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes Florida Statutes 30 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MURPHY, BRIAN P. 82 Street Address (P.O. Box Number is Not Acceptable) 2500 GULF SHORE BOULEVARD NORTH 83 NAPLES FL 33940 84 City Zip Code 11. Pursuant to the provisions of Sections 617 0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Segradue, typed or princed had in of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. Change Addition PD □ DELETE 1.1 TITLE THE JOYCE, JOHN W. NAME 1.2 NAME 2500 GULF SHRS BLVD N 1.3 STREET ADDRESS STREET ADDRESS NAPLES FL Dity - St - ZIP 1.4 CITY-ST-ZIP DELETE Change Addition VPD 2.1 TITLE TITLE RICHARDS, ALBERT 2.2 NAME NAME 2500 GULF SHRS BLVD N 2.3 STREET ADDRESS STREET ADDRESS NAPLES FL 2. 4 CITY-ST-71P CITY - ST - ZIP DELETE Change \_\_\_ Addition 3.1 TITLE TITLE MURPHY, BRIAN P. NAME 3.2 NAME 2500 GULF SHRS BLVD N 3.3 STREET ADDRESS STREET ADDRESS NAPLES FL 3.4. CITY-ST-ZIP CITY- ST- ZIP DELETE Change Addition TITLE 4.1 TITLE DS ENTWISTLE, GRACE A 4.2 NAME NAME 2500 GULF SHORE BLVD, NORTH STREET ADDRESS 4.3 STREET ADDRESS NAPLES FL 4.4 CITY-ST-ZIP CITY- \$1-ZIP DELETE Change Addition TITLE 5.1 TITLE MACINNES, IAN NAME 5.2 NAME 2500 GULF SHRS BLVD N STREET ADDRESS 5.3 STREET ADDRESS NAPLES FL 5.4 CITY-ST-ZIP CITY-ST-ZIP TITLE □ DELETE 6.1 TITLE Change Addition 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

SIGNATURE:

CITY-ST-ZIE

OFFICER OF DIRECTOR

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an altachment with an address:

**FILED** 

Feb 03 1997 8:00am

Secretary of State