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Secretary of State

04-02-1999 90092 028 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 713640**

1. Corporation Name  
**YACHT HARBOR, INC.**

Principal Place of Business 2500 GULF SHORE BLVD. NORTH NAPLES FL 33940	Mailing Address 2500 GULF SHORE BLVD. NORTH NAPLES FL 33940
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/16/1967
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1722222
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

MURPHY, BRIAN P.  
2500 GULF SHORE BOULEVARD NORTH  
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name  
**CAVANAUGH, FRANCIS X.**

82 Street Address (P.O. Box Number is Not Acceptable)  
**2500 GULF SHORE BOULEVARD NORTH**

83

84 City  
**NAPLES** FL 85 Zip Code  
**34103**

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 **Francis X Cavanaugh** *Francis X Cavanaugh* **03/26/99**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE PD	NAME JOYCE, JOHN W.	STREET ADDRESS 2500 GULF SHRS BLVD N	CITY-ST-ZIP NAPLES FL	<input checked="" type="checkbox"/> DELETE
TITLE VPD	NAME RICHARDS, ALBERT	STREET ADDRESS 2500 GULF SHRS BLVD N	CITY-ST-ZIP NAPLES FL	<input type="checkbox"/> DELETE
TITLE TD	NAME MURPHY, BRIAN P.	STREET ADDRESS 2500 GULF SHRS BLVD N	CITY-ST-ZIP NAPLES FL	<input checked="" type="checkbox"/> DELETE
TITLE DS	NAME ENTWISTLE, GRACE A	STREET ADDRESS 2500 GULF SHORE BLVD, NORTH	CITY-ST-ZIP NAPLES FL	<input checked="" type="checkbox"/> DELETE
TITLE D	NAME MACINNES, IAN	STREET ADDRESS 2500 GULF SHRS BLVD N	CITY-ST-ZIP NAPLES FL	<input checked="" type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD	1.2 NAME BYERS, ROBERT	1.3 STREET ADDRESS 2500 GULF SHRS BLVD N	1.4 CITY-ST-ZIP NAPLES, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE TD	3.2 NAME CAVANAUGH, FRANCIS X	3.3 STREET ADDRESS 2500 GULF SHRS BLVD N	3.4 CITY-ST-ZIP NAPLES, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE DS	4.2 NAME CLAIN, FRANK	4.3 STREET ADDRESS 2500 GULF SHRS BLVD N	4.4 CITY-ST-ZIP NAPLES, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE VPD	5.2 NAME DUNLEY, ROBERT	5.3 STREET ADDRESS 2500 GULF SHRS BLVD N	5.4 CITY-ST-ZIP NAPLES, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 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 attachment with an address, with all other like empowered.

SIGNATURE: *Francis X Cavanaugh* **Francis X. Cavanaugh** **3/26/99** **941-435-0635**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037-(11/98)