FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 JAN 26 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # 726793 (3)

1. Corporation Name
YACHT HARBOUR CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2901 SOUTH BAYSHORE DRIVE COCONUT GROVE FL 33133	2901 SOUTH BAYSHORE DRIVE COCONUT GROVE FL 33133

3. Date Incorporated or Qualified: 06/25/1973
3a. Date of Last Report: 01/27/1994
4. FEI Number: 59-1595964 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	25 Country / 29 Zip / 30 Country

9. Name and Address of Current Registered Agent

RUBIN, MARK
2901 SOUTH BAYSHORE DR
COCONUT GROVE FL 33133

10. Name and Address of New Registered Agent

81 Name: DR. RONALD SHELLOW, PRESIDENT
82 Street Address (P.O. Box Number is Not Acceptable): 2901 SOUTH BAYSHORE DRIVE
83: APT.# 12-F
84 City: COCONUT GROVE, FLORIDA FL 85 Zip Code: 33133

11. Pursuant to the provisions of Sections 607.0202 and 607.1005, 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 607.0505, Florida Statutes.

SIGNATURE: Ronald Shellow DR. Ronald Shellow Pres. 1-20-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☐ Change X Addition
NAME	RUBIN, MARK	1.2 NAME	DR. RONALD SHELLOW	
STREET ADDRESS	2901 S BAYSHORE DR	1.3 STREET ADDRESS	2901 SOUTH BAYSHORE DRIVE #12-F	
CITY-ST-ZIP	MIAMI FL 33133	1.4 CITY-ST-ZIP	MIAMI, FLORIDA 33133	
TITLE	SD	2.1 TITLE	SD	X Change ☐ Addition
NAME	SHELLOW, DORIS	2.2 NAME	ISABELLE SCHUETTE	
STREET ADDRESS	2901 S BAYSHORE DR	2.3 STREET ADDRESS	2901 SOUTH BAYSHORE DRIVE #5-F	
CITY-ST-ZIP	MIAMI FL 33133	2.4 CITY-ST-ZIP	MIAMI, FLORIDA 33133	
TITLE	TD	3.1 TITLE	VP	☐ Change X Addition
NAME	GARNER, BEATRICE, KEEP	3.2 NAME	ADAH JAFFER	
STREET ADDRESS	2901 S BAYSHORE DR	3.3 STREET ADDRESS	2901 SOUTH BAYSHORE DRIVE #6-F	
CITY-ST-ZIP	COCONUT GROVE FL 33133	3.4 CITY-ST-ZIP	MIAMI, FLORIDA 33133	
TITLE	BD	4.1 TITLE	VP	☒ Change ☐ Addition
NAME	BTESH, OLGA VICTORIA	4.2 NAME	HORTENSE CURTIS	
STREET ADDRESS	2901 S BAYSHORE DR	4.3 STREET ADDRESS	2901 SOUTH BAYSHORE DRIVE #5-F	
CITY-ST-ZIP	COCONUT GROVE FL 33133	4.4 CITY-ST-ZIP	MIAMI, FLORIDA 33133	
TITLE	VD	5.1 TITLE	TD	☐ Change ☐ Addition
NAME	SCHRAGER, BERNARD	5.2 NAME	BEATRICE KEEP GARNER	
STREET ADDRESS	2901 S BAYSHORE DR	5.3 STREET ADDRESS	~~2901 SOUTH BAYSHORE DRIVE #10-D~~	
CITY-ST-ZIP	COCONUT GROVE FL 33133	5.4 CITY-ST-ZIP	MIAMI, FLORIDA 33133	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Ronald Shellow 1-20-95 305-442-2300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
DR. Ronald Shellow President.

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