

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **726793** (3)

1. Corporation Name  
**YACHT HARBOUR CONDOMINIUM ASSOCIATION, INC.**



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

3. Date Incorporated or Qualified: **06/25/1973**  
3a. Date of Last Report: **01/26/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

4. FEI Number: **59-1595964**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**SHELLOW, RONALD DR.  
2901 SOUTH BAYSHORE DR  
APT. #12-F  
COCONUT GROVE FL 33133**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

14. 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

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	<input type="checkbox"/> DELETE
NAME	SHELLOW, DR. RONALD	
STREET ADDRESS	2901 S BAYSHORE DRIVE #12-F	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	<del>S</del>	<input type="checkbox"/> DELETE
NAME	SCHUETTE, ISABELLE	
STREET ADDRESS	2901 S BAYSHORE DRIVE #5-F	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GARNER, BEATRICE, KEEP	
STREET ADDRESS	2901 S BAYSHORE DRIVE #10-B	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HORTENSE, CURTIS	
STREET ADDRESS	2901 S BAYSHORE DRIVE #5-F	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	X SD	<input type="checkbox"/> DELETE
NAME	ADAH, JAFFER	
STREET ADDRESS	2901 S BAYSHORE DRIVE #6-F	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(k), 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 D. Shellow*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/96 3054420167  
Date Daytime Phone #

CR2E037 (12/95)