

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90054 007 ****61.25

DOCUMENT # 726793

1. Entity 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 33133-6016

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1595964

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

707044



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. 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	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	D	<input checked="" type="checkbox"/> Delete
NAME	CURTIS, HORTENSE	
STREET ADDRESS	2901 S BAYSHORE DR, #5F	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JAFFER, ADAH S	
STREET ADDRESS	2901 S BAYSHORE DR, #6F	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	SCHUETTE, ISABELLE	
STREET ADDRESS	2901 S BAYSHORE DR #6C	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUTCHINSON, SANDRA	
STREET ADDRESS	2901 S. BAYSHORE DR. # 3A	
CITY-ST-ZIP	COCONUT GROVE, FL. 33133	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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 titles empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-10-00

3054970167