


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90420 003 ****61.25

DOCUMENT # 745483 1. Entity Name YACHT HAVEN CONDOMINIUM ASSOCIATION OF ST. PETERSBURG, INC.					
Principal Place of Business 340 PINELLAS BAYWAY TIERRA VERDE, FL 33715 US			Mailing Address PO BOX 66245 SAINT PETE BEACH, FL 33736-245 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2133050	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SCHNOOR, FRANK 7217 GULF BLVD. SUITE 6 ST PETERSBURG BEACH, FL 33706				Name Street Address (P.O. Box Number is Not Acceptable) City	
				State 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP		TITLE	DT	
NAME	RICKY, NORRIS <input type="checkbox"/> Delete		NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	340 PINELLAS BAYWAY, #207		STREET ADDRESS		
CITY-ST-ZIP	TIERRA VERDE, FL 33715		CITY-ST-ZIP		
TITLE	DS <input checked="" type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	OHMAN, ROGER		NAME	LAY, KAREN	
STREET ADDRESS	340 PINELLAS BAYWAY, #307		STREET ADDRESS	340 Pinellas Bayway, #204	
CITY-ST-ZIP	TIERRA VERDE, FL 33715		CITY-ST-ZIP	TIERRA VERDE, FL 33715	
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ALLEN SENEL		NAME	NAGLEY, BILL	
STREET ADDRESS	340 PINELLAS BAYWAY, #205		STREET ADDRESS	340 Pinellas Bayway, #306	
CITY-ST-ZIP	TIERRA VERDE, FL 33715		CITY-ST-ZIP	Tierra Verde, F; 33715	
TITLE	T <input checked="" type="checkbox"/> Delete		TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	RICKEY, MARIE		NAME	WOODWARD, DON	
STREET ADDRESS	340 PINELLAS BAYWAY #207		STREET ADDRESS	340 Pinellas Bayway, #303	
CITY-ST-ZIP	TIERRA VERDE, FL 33715		CITY-ST-ZIP	TIERRA VERDE, FL 33715	
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GURSKY, TOM		NAME		
STREET ADDRESS	PO BOX 847		STREET ADDRESS		
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 like empowered.					
SIGNATURE: <u>Karen L. Lay</u> KAREN L LAY 4/16/04 747 367-5270					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					