


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2005 8:00 am
Secretary of State

04-07-2005 90020 010 ****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
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40049091

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01132005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2133050	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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	
		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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT RICKY, NORRIS 340 PINELLAS BAYWAY, #207 TIERRA VERDE, FL 33715 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Ohman, Debbie 340 Pinellas Bayway, UNIT #307 Tierra Verde, Fl 33715 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAY, KAREN 340 PINELLAS BAYWAY, #204 TIERRA VERDE, FL 33715 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS NAGLEY, BILL 340 PINELLAS BAYWAY, #306 TIERRA VERDE, FL 33715 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WOODWARD, DON 340 PINELLAS BAYWAY, #303 TIERRA VERDE, FL 33715 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GURSKY, TOM PO BOX 847 INDIAN ROCKS BEACH, FL 33785 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Karen L. Lay KAREN L. LAY 3/8/05 727 367-5770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #