


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 768391 (5)</b> 1. Corporation Name <b>YACHTSMANS COVE CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>% MARQUIS MANAGEMENT, INC. 12661 NEW BRITTANY BLVD FORT MYERS FL 33907 US</b>			Mailing Address <b>% MARQUIS MANAGEMENT, INC. 12661 NEW BRITTANY BLVD FORT MYERS FL 33907 US</b>		



3. Date Incorporated or Qualified <b>05/11/1983</b>	
4. FEI Number <b>59-2489698</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

c/o Marquis Management, Inc.  
9400 Gladiolus Drive #100  
Fort Myers, FL 33908 US

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24	25	29	30				
9. Name and Address of Current Registered Agent <b>STILPHEN, PETER %MARQUIS MANAGEMENT, INC. 12661 NEW BRITTANY BLVD FORT MYERS FL 33907</b>				81 82 83 84	<b>Stilphen, Peter Marquis Management, Inc. 9400 Gladiolus Drive #100 Fort Myers, FL 33908 US</b>	85	Zip Code

11. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PIEMAN, STUART		1.2 NAME	PIGMAN, STUART			
STREET ADDRESS	15371 TRANSIT CT., #703		1.3 STREET ADDRESS				
CITY-ST-ZIP	N. FORT MYERS FL		1.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HOOLIHAN, TOM JR.		2.2 NAME				
STREET ADDRESS	6121 RIVERSHORE CT		2.3 STREET ADDRESS				
CITY-ST-ZIP	N. FORT MYERS FL		2.4 CITY-ST-ZIP				
TITLE	SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	KASIER, EDITH		3.2 NAME	KENNETH JOHNSON			
STREET ADDRESS	15397 MOONRAKER CT., #611		3.3 STREET ADDRESS	15370 TRANSIT CT. #105			
CITY-ST-ZIP	N. FORT MYERS FL		3.4 CITY-ST-ZIP	N. FT. MYERS, FL 33917			
TITLE	VPD	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JONES, SHARON		4.2 NAME				
STREET ADDRESS	15350 MOONRAKER CT., #308		4.3 STREET ADDRESS				
CITY-ST-ZIP	N. FORT MYERS FL		4.4 CITY-ST-ZIP				
TITLE	TD	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HALL, DON		5.2 NAME				
STREET ADDRESS	15390 MOONRAKER CT #404		5.3 STREET ADDRESS				
CITY-ST-ZIP	N FT MYERS FL		5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

14. 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 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: Stuart P. Pisman 3/18/98 941-732-2352

CR2E037 (10/97)