

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90286 025 \*\*\*\*61.25

**DOCUMENT # 768391**

1. Entity Name

**YACHTSMANS COVE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

**8270 COLLEGE PKWY  
STE 103  
FORT MYERS FL 33907  
US**

Mailing Address

**8270 COLLEGE PKWY  
STE 103  
FORT MYERS FL 33907  
US**

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 **59-2489698**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FREDEN, ARLENE A  
8270 COLLEGE PKWY  
STE 103  
FORT MYERS FL 33907**

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

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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	PD	<input type="checkbox"/> Delete
NAME	JOHNSICK, JOE	
STREET ADDRESS	15397 MOONRAKER CT 608	
CITY-ST-ZIP	FORT MYERS FL 33917	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	THOMPSON, RON	
STREET ADDRESS	15430 MOONRAKER CT 507	
CITY-ST-ZIP	FORT MYERS FL 33917	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JOHNSON, KENNETH	
STREET ADDRESS	15370 TRANSIT CT #105	
CITY-ST-ZIP	N. FORT MYERS FL 33917	
TITLE	D	<input type="checkbox"/> Delete
NAME	WENTWORTH, BILL	
STREET ADDRESS	15350 MOONRAKER CT., #308	
CITY-ST-ZIP	FORT MYERS FL 33917	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HALL, DON	
STREET ADDRESS	15390 MOONRAKER CT #404	
CITY-ST-ZIP	N FT MYERS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MERROW, PRESTON	
STREET ADDRESS	15390 MOONRAKER COURT #412	
CITY-ST-ZIP	N. FORT MYERS, FLORIDA 33917	
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		<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 like empowered.

SIGNATURE:

*ARLENE A. FREDEN* **ARLENE A. FREDEN** *3/26/03 239-415-7400*

CR2E037 (10/02)