

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004128

1. Entity Name

YACHT HARBOUR COVE AT WINDSTAR CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O NEWELL PROPERTY MANAGEMENT
4148-A CORPORATE SQUARE
NAPLES FL 34104

C/O NEWELL PROPERTY MANAGEMENT
4148-A CORPORATE SQUARE
NAPLES FL 34104

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

65-0610153

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NEWELL, WILLIAM A
4148-A CORPORATE SQUARE
NAPLES FL 34104

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ~~PD~~ ☒ Delete
NAME FISKARS, ERIK
STREET ADDRESS 1701 GULFSTAR DRIVE S., #103
CITY-ST-ZIP NAPLES-FL

TITLE ~~PD~~ ☒ Change ☐ Addition
NAME Andrews, Rebecca
STREET ADDRESS 1701 Gulfstar Drive S #102
CITY-ST-ZIP Naples FL 34112

TITLE ~~VD~~ ☒ Delete
NAME MCCARTHY, SHEILA
STREET ADDRESS 1765 GULFSTAR DR, STE-502
CITY-ST-ZIP NAPLES-FL 34112

TITLE ~~VD~~ ☐ Change ☒ Addition
NAME Fox, Robert
STREET ADDRESS 1765 Gulfstar Drive S #501
CITY-ST-ZIP Naples FL 34112

TITLE ~~TD~~ ☐ Delete
NAME KOUN, CORNELIUS
STREET ADDRESS 1765 GULFSTAR DRIVE, STE 503
CITY-ST-ZIP NAPLES FL 34112

TITLE ~~TD~~ ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~SD~~ ☒ Delete
NAME ANDREWS, REBECCA
STREET ADDRESS 1701 GULFSTAR DRIVE S., #102
CITY-ST-ZIP NAPLES-FL 34112

TITLE ~~SD~~ ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~D~~ ☐ Delete
NAME MORTON, JOHN
STREET ADDRESS 1717 GULFSTAR DRIVE, STE 202
CITY-ST-ZIP NAPLES FL 34112

TITLE ~~D~~ ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REBECCA D. ANDREWS

3/18/02 941-4179500

Date

Daytime Phone #

80105452



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)