2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004128

FILED Feb 29, 2004 Secretary of State

Entity Name: YACHT HARBOUR COVE AT WINDSTAR CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

C/O NEWELL PROPERTY MANAGEMENT 5435 JAEGER RD. #4 NAPLES, FL 34109

New Mailing Address: Current Mailing Address:

C/O NEWELL PROPERTY MANAGEMENT 5435 JAEGER RD. #4 NAPLES, FL 34109

FEI Number: 65-0610153 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NEWELL, WILLIAM A 5435 JAEGER RAOD #4 NAPLES, FL 34109

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:

Electronic Signature of Registered Agent Date

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete ANDREWS, REBECCA Name: 1701 GULFSTAR DR S #102 Address:

City-St-Zip: NAPLES, FL 34112

Title: SD () Delete

OFFICERS AND DIRECTORS:

Name: FOX, ROBERT

Address: 1765 GULFSTAR DR S #501

City-St-Zip: NAPLES, FL 34112

Title: () Delete KOUN, CORNELIUS Name:

1765 GULFSTAR DRIVE, STE 503 Address:

City-St-Zip: NAPLES, FL 34112

(X) Change () Addition GRISHAM, RICHARD Name:

Address: 1733 GULFSTAR DRIVE #304

City-St-Zip: NAPLES, FL 34112

Title: (X) Change () Addition

Name: FOX, ROBERT

Address: 1765 GULFSTAR DR S #501

City-St-Zip: NAPLES, FL 34112

Title: SD (X) Change () Addition

Name: MURPHY, CAROL

5065 YACHT HARBOUR CIRCLE #702 Address:

City-St-Zip: NAPLES, FL 34112

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD GRISHAM PD 02/29/2004