FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

726793

(3)

YACHT HARBOUR CONDOMINIUM ASSOCIATION, INC.

FILED Mar 17 1997 8:00am Secretary of State

1710111	111111111111111111111111111111111111111											
Principal Place of Business Mailing Address									10010 10000 ELO DILIL COLO 10100		i Bibil bibi	0 0 0 2 607
2901 SOUTH BAYSHORE DRIVE COCONUT GROVE FL 33133				2901 SOUTH BAYSHORE DRIVE COCONUT GROVE FL 33133-6016								
									3. Date incorporated or Qualified 06/25/1973		te of Last 03/26/1	
2. Principal Place of Business				2a. Mailing Address					4. FEI Number 59-1595964			Applied For
Suite, Apt. #, etc.				Suite, Apt. #, etc.					00 1000001			Not Applicable 5 Additional
22			27	27					5. Certificate of Status Desired			Required
City & State)	\ <u> </u>	28	City & State					Election Campaign Financing Trust Fund Contribution			00 May Be
Zip	Zip Country			Zip Country				This corporation has liability for intangible tax under s. 199.032,				
24		25	29]	30				Florida Statutes	Yes [No	
	9. Name	and Address of Curre	nt Regi	stered Agent					10. Name and Address of New Re	gistered A	gent	
						81	Name					
SHELLOW, RONALD DR.						82	Street A	Addres	s (P.O. Box Number is Not Acceptab	ile)		
2901 SOUTH BAYSHORE DR APT. #12-F												
		FL 33133				84	City			-	85 Z	ip Code
										<u>FL</u>		
l office or re	anietarad an	ions of Sections 617.05 pent, or both, in the State ith, and accept the oblig	ant Flor	rida. Such change was	authorize	ed hv	the corp	corpor	ation submits this statement for the p n's board of directors. I hereby accep	urpose of of the appo	changing sintment	g its registered as registered
SIGNATURE _												
	Signature, typed	or printed name of registered ag OFFICERS AN			TE: Register	_	int signature r	required	when re-instating) ADDITIONS/CHANGES TO OFFICE	DATE SERS AND	DIRECT	ORS IN 12
12.	PD	OFFICERS AT	ID DIRE	DELETE	1.1]		Т		ADDITIONS/CHANGES TO OTTIC	JENS AND	Chang	
NAME		W, DR. RONALD		U VECETE		IAME						
STREET ADDRESS		BAYSHORE DRIVE #	12-F		1.3 9	STREET	ADDRESS					
CITY-ST-ZIP	_	L 33133			1.4 (ITY-S	IT-ZIP					
TITLE	TD			DELETE	2.1 1	ITLE					☐ Chang	ge 🔲 Addition
NAME		R, BEATRICE, KEEP			2.21	IAME						
STREET ADDRESS		BAYSHORE DRIVE #			2.3 9	STREET	ADDRESS					
CITY-ST-ZIP		UT GROVE FL 33133	}	Deter			ST-ZIP				Chan	ge Addition
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NAME		NSE, CURTIS Bayshore Drive #	6.E			AME	ADDOECC					
STREET ADDRESS		UT GROVE FL 33133					ADDRESS ST-ZIP					
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NAME	ADAH,	IAFFER			1	NAME						
STREET ADDRESS		BAYSHORE DRIVE	6-F		435	STREET	ADDRESS					
CITY-ST-ZIP		IUT GROVE FL	•				ST-ZIP					
TITLE				DELETE		ITLE		٠			☐ Chang	ge Addition
NAME					5.21	MAME						
STREET ADDRESS					5.3 3	STREET	ADDRESS					
CITY-ST-ZIP					5.4 (OITY - S	ST - ZIP					
TITLE		-		☐ DELETE	6.11	TITLE	ļ				L Chang	ge 🔲 Addition
NAME					6.21	NAME	}					
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP	- باد ، گئام می درد	at the information are all	طفئين ام	this filing doop act are			ST-ZIP	tated i	n Section 119 07/3Vi). Florida Statute	e I further	cortify t	hat the

on nereby certify that the information supplied with risk hining 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.