

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90010 019 ****61.25

0059032

DOCUMENT # 768391

1. Corporation Name

YACHTSMANS COVE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

% MARQUIS MANAGEMENT, INC.
9400 GLADIOLUS DR #100
FORT MYERS FL 33908
US

Mailing Address

% MARQUIS MANAGEMENT, INC.
9400 GLADIOLUS DR #100
FORT MYERS FL 33908
US



2. Principal Place of Business

21 ~~THE MANAGEMENT CONNECTION, INC.~~
Suite, Apt. #, etc. #203

22 City & State

23 Ft. Myers, FL

24 Zip

33907

Country

25 US.

2a. Mailing Address

26 ~~THE MANAGEMENT CONNECTION, INC.~~
Suite, Apt. #, etc. #203

27 City & State

28 Ft. Myers, FL

29 Zip

33907

Country

30 US.

3. Date Incorporated or Qualified

05/11/1983

4. FEI Number

59-2489698

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

STILPHEN, PETER
%MARQUIS MANAGEMENT, INC.
9400 GLADIOLUS DR #100
FORT MYERS FL 33908

10. Name and Address of New Registered Agent

81 Name

ARLENE A. FREDEN

82 Street Address (P.O. Box Number is Not Acceptable)

26 THE MANAGEMENT CONNECTION, INC.

83

13400 S. CLEVELAND AVE # 203

84 City

Ft. MYERS

FL

85 Zip Code

33907

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME PIGMAN, STUART
STREET ADDRESS 15371 TRANSIT CT., #703
CITY-ST-ZIP N. FORT MYERS FL

TITLE D ☐ DELETE

NAME HOOLIHAN, TOM JR.
STREET ADDRESS 6121 RIVERSHORE CT
CITY-ST-ZIP N. FORT MYERS FL

TITLE SD ☐ DELETE

NAME JOHNSON, KENNETH
STREET ADDRESS 15370 TRANSIT CT #105
CITY-ST-ZIP N. FORT MYERS FL 33917

TITLE VPD ☐ DELETE

NAME JONES, SHARON
STREET ADDRESS 15350 MOONRAKER CT., #308
CITY-ST-ZIP N. FORT MYERS FL

TITLE TD ☐ DELETE

NAME HALL, DON
STREET ADDRESS 15390 MOONRAKER CT #404
CITY-ST-ZIP N FT MYERS FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/18/99 941/731-2352

CR2E037 (1/98)