

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State

01-31-2001 90029 017 ****61.25

DOCUMENT # N03247

1. Entity Name

YACHT HARBOUR VILLAS CONDOMINIUM ASSOCIATION, IN

Principal Place of Business

Mailing Address

**3200 N. OCEAN DRIVE
HOLLYWOOD FL 33019****3200 N. OCEAN DRIVE
HOLLYWOOD FL 33019**

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 **59-2779512**Applied For
Not Applicable5. 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

Name

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

City

FL

Zip Code

**SUGAR, EDMUND L ESQ.
950 SOUTH FEDERAL HIGHWAY
HOLLYWOOD FL 33020**

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

TITLE	PD	☐ Delete
NAME	VALLETTI, SAM	
STREET ADDRESS	3200 N. OCEAN DRIVE, #403	
CITY-ST-ZIP	HOLLYWOOD FL 33019	

TITLE	D	☐ Delete
NAME	OGREN, ROBERT	
STREET ADDRESS	3200 N. OCEAN DRIVE, #504	
CITY-ST-ZIP	HOLLYWOOD FL 33019	

TITLE	STD	☐ Delete
NAME	MONTESI, MICHAEL	
STREET ADDRESS	3200 N. OCEAN DRIVE, #104	
CITY-ST-ZIP	HOLLYWOOD FL 33019	

TITLE	ST	☐ Delete
NAME	SAL, LABABERA	
STREET ADDRESS	3200 N OCEAN DR #306	
CITY-ST-ZIP	HOLLYWOOD FL 33019	

TITLE	V	☐ Delete
NAME	COUTURE, PIERRE	
STREET ADDRESS	3200 N. OCEAN DRIVE, #302	
CITY-ST-ZIP	HOLLYWOOD FL 33019	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
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)(b) 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)