

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 713640

**Entity Name:** YACHT HARBOR, INC.

**Current Principal Place of Business:**

2500 GULF SHORE BLVD. NORTH  
NAPLES, FL 34102

**Current Mailing Address:**

KPG ACCOUNTING SERVICES, INC.  
3400 TAMIAMI TRAIL N #302  
NAPLES, FL 34103

**FEI Number:** 59-1722222

**Certificate of Status Desired:** No

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

GAFFNEY, KEVIN P  
KPG ACCOUNTING SERVICES, INC.  
3400 TAMIAMI TRAIL N #302  
NAPLES, FL 34103 US

*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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            HENTON, BRIAN  
Address        KPG ACCOUNTING SERVICES, INC.  
                  3400 TAMIAMI TRAIL N #302  
City-State-Zip: NAPLES FL 34103

Title            TREASURER  
Name            CLINE, JO ANNA  
Address        KPG ACCOUNTING SERVICES, INC.  
                  3400 TAMIAMI TRAIL N #302  
City-State-Zip: NAPLES FL 34103

Title            SECRETARY  
Name            HOFFMAN, PRESTON  
Address        KPG ACCOUNTING SERVICES, INC.  
                  3400 TAMIAMI TRAIL N #302  
City-State-Zip: NAPLES FL 34103

Title            DIRECTOR  
Name            ENG, PAT  
Address        KPG ACCOUNTING SERVICES, INC.  
                  3400 TAMIAMI TRAIL N #302  
City-State-Zip: NAPLES FL 34103

Title            DIRECTOR  
Name            PEICOTT, PAUL  
Address        KPG ACCOUNTING SERVICES, INC.  
                  3400 TAMIAMI TRAIL N #302  
City-State-Zip: NAPLES FL 34103

*I hereby 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 all other like empowered.*

**SIGNATURE:** BRIAN HENTON

**PRESIDENT**

**04/14/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date