

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 726793

**Entity Name:** YACHT HARBOUR CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Apr 02, 2019**  
**Secretary of State**  
**3362681762CC**

**Current Principal Place of Business:**

2901 SOUTH BAYSHORE DRIVE  
MANAGEMENT OFFICE  
COCONUT GROVE, FL 33133

**Current Mailing Address:**

2901 SOUTH BAYSHORE DRIVE  
MANAGEMENT OFFICE  
COCONUT GROVE, FL 33133 US

**FEI Number: 59-1595964**

**Certificate of Status Desired: No**

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

SKRLD, INC.  
201 ALHAMBRA CIRCLE  
ELEVENTH FLOOR  
CORAL GABLES, FL 33134 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            JANE, GOULD  
Address        2901 S BAYSHORE DRIVE  
                  MANAGEMENT OFFICE  
City-State-Zip: MIAMI FL 33133

Title            TREASURER  
Name            DAVID, SNYDER  
Address        2901 S BAYSHORE DRIVE  
                  MANAGEMENT OFFICE  
City-State-Zip: COCONUT GROVE FL 33133

Title            SECRETARY  
Name            HERNANDEZ, GUIDO  
Address        2901 S BAYSHORE DR  
                  MANAGEMENT OFFICE  
City-State-Zip: COCONUT GROVE FL 33133

Title            VP  
Name            JOSEPH, CRESCI  
Address        2901 S BAYSHORE DR  
                  MANAGEMENT OFFICE  
City-State-Zip: COCONUT GROVE FL 33133

Title            DIRECTOR  
Name            MCGRATH, JAMES  
Address        2901 SOUTH BAYSHORE DRIVE  
                  MANAGEMENT OFFICE  
City-State-Zip: COCONUT GROVE FL 33133

*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: JANE GOULD**

**PRESIDENT**

**04/02/2019**

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

\_\_\_\_\_  
Date