

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

DOCUMENT# N94000004128

**Entity Name:** YACHT HARBOUR COVE AT WINDSTAR CONDOMINIUM ASSOCIATION, INC.**FILED**  
**Apr 30, 2019**  
**Secretary of State**  
**2013619006CC****Current Principal Place of Business:**C/O AMERICAN PROPERTY MANAGEMENT SERVICES, LLC  
8825 TAMIAMI TRAIL EAST  
NAPLES, FL 34113**Current Mailing Address:**C/O AMERICAN PROPERTY MANAGEMENT SERVICES, LLC  
8825 TAMIAMI TRAIL EAST  
NAPLES, FL 34113 US**FEI Number:** 65-0610153**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**AMERICAN PROPERTY MANAGEMENT SERVICES, LLC  
C/O AMERICAN PROPERTY MANAGEMENT SERVICES, LLC  
8825 TAMIAMI TRAIL EAST  
NAPLES, FL 34113 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:** ORLANDO MISERANDINO ORTIZ

04/30/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	SECRETARY
Name	BOND, GRAHAM
Address	C/O AMERICAN PROPERTY MANAGEMENT SERVICES, LLC 8825 TAMIAMI TRAIL EAST
City-State-Zip:	NAPLES FL 34113

Title	DIRECTOR
Name	KOUN, CORNELIUS
Address	C/O AMERICAN PROPERTY MANAGEMENT SERVICES, LLC 8825 TAMIAMI TRAIL EAST
City-State-Zip:	NAPLES FL 34113

Title	TREASURER
Name	MCLAREN, KENNETH
Address	C/O AMERICAN PROPERTY MANAGEMENT SERVICES, LLC 8825 TAMIAMI TRAIL EAST
City-State-Zip:	NAPLES FL 34113

Title	PRESIDENT
Name	DEISING, MARC
Address	C/O AMERICAN PROPERTY MANAGEMENT SERVICES, LLC 8825 TAMIAMI TRAIL EAST
City-State-Zip:	NAPLES FL 34113

Title	VP
Name	KIRCHHOFF, JOE
Address	C/O AMERICAN PROPERTY MANAGEMENT SERVICES, LLC 8825 TAMIAMI TRAIL EAST
City-State-Zip:	NAPLES FL 34113

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:** DEISING , MARC**PRESIDENT**

04/30/2019

Electronic Signature of Signing Officer/Director Detail

Date