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Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **726793** (3)
1. Corporation Name
YACHT HARBOUR CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 2901 SOUTH BAYSHORE DRIVE COCONUT GROVE FL 33133	Mailing Address 2901 SOUTH BAYSHORE DRIVE COCONUT GROVE FL 33133
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 06/25/1973	4. FEI Number 59-1595964	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent
**SHELLOW, RONALD DR.
2901 SOUTH BAYSHORE DR
APT. #12-F
COCONUT GROVE FL 33133**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	SHELLOW, DR. RONALD
STREET ADDRESS	2901 S BAYSHORE DRIVE #12-F
CITY-ST-ZIP	MIAMI FL 33133
TITLE	TD <input type="checkbox"/> DELETE
NAME	GARNER, BEATRICE, KEEP
STREET ADDRESS	2901 S BAYSHORE DRIVE #10-B
CITY-ST-ZIP	COCONUT GROVE FL 33133
TITLE	V <input type="checkbox"/> DELETE
NAME	HORTENSE, CURTIS
STREET ADDRESS	2901 S BAYSHORE DRIVE #5-F
CITY-ST-ZIP	COCONUT GROVE FL 33133
TITLE	SD <input type="checkbox"/> DELETE
NAME	ADAH, JAFFER
STREET ADDRESS	2901 S BAYSHORE DRIVE #6-F
CITY-ST-ZIP	COCONUT GROVE FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	D
3.2 NAME	CURTIS, HORTENSE
3.3 STREET ADDRESS	2901 S BAYSHORE DR. # 5-F
3.4 CITY-ST-ZIP	COCONUT GROVE, FL 33133
4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	SD
4.2 NAME	JAFFER, ADAH S.
4.3 STREET ADDRESS	2901 S. BAYSHORE DR. # 6-F
4.4 CITY-ST-ZIP	COCONUT GROVE, FL 33133
5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	V
5.2 NAME	SCHUETTE, ISABELLE
5.3 STREET ADDRESS	2901 S BAYSHORE DR. # 6-C
5.4 CITY-ST-ZIP	COCONUT GROVE, FL 33133
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Sandra B. Mortham* 1/21/98 (305) 442-2900

CR2E037 (10/97)