

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State
 02-28-2001 90044 020 *****61.25

924581



DO NOT WRITE IN THIS SPACE

DOCUMENT # 726793

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1595964

Applied For

Not Applicable

Zip

Country

Zip

Country

5. 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

**SHELLOW, RONALD DR.
 2901 SOUTH BAYSHORE DR
 APT. #12-F
 COCONUT GROVE FL 33133**

Name

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

City

FL

Zip Code

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
 NAME **SHELLOW, DR. RONALD**
 STREET ADDRESS **2901 S BAYSHORE DRIVE #12-F**
 CITY-ST-ZIP **MIAMI FL 33133**

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

TITLE **TD** ☐ Delete
 NAME **GARNER, BEATRICE, KEEP**
 STREET ADDRESS **2901 S BAYSHORE DRIVE #10-B**
 CITY-ST-ZIP **COCONUT GROVE FL 33133**

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

TITLE **D** ☒ Delete
 NAME **HUTCHINSON, SANDRA**
 STREET ADDRESS **2901 S BAYSHORE DR 3A**
 CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE **D** ☒ Change ☐ Addition
 NAME **SCHUETTE, ISABELLE**
 STREET ADDRESS **2901 S. BAYSHORE DR. #6C**
 CITY-ST-ZIP **COCONUT GROVE, FL 33133**

TITLE **SD** ☒ Delete
 NAME **JAFFER, ADAH S**
 STREET ADDRESS **2901 S BAYSHORE DR, #6F**
 CITY-ST-ZIP **COCONUT GROVE FL**

TITLE **SD** ☒ Change ☐ Addition
 NAME **PARKS, LYN**
 STREET ADDRESS **2901 S. BAYSHORE DR. #2C**
 CITY-ST-ZIP **COCONUT GROVE, FL 33133**

TITLE **V** ☒ Delete
 NAME **SCHUETTE, ISABELLE**
 STREET ADDRESS **2901 S BAYSHORE DR #6C**
 CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE **V** ☒ Change ☐ Addition
 NAME **RUBIN, SUSAN**
 STREET ADDRESS **2901 S. BAYSHORE DR. #17F**
 CITY-ST-ZIP **COCONUT GROVE, FL 33133**

TITLE ☐ Delete
 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)(i), 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:

Beatrice K. Garner
 B.K. GARNER

Date

Daytime Phone #

2/20/01 305 442-2401

CR2E037 (10/00)