

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 769893

1. Entity Name

YACHTSMAN'S INN CONDOMINIUM ASSOCIATION, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90137 008 ****61.25

Principal Place of Business	Mailing Address
120 ANCHOR DR KEY LARGO FL 33037 US	100 ANCHOR DR STE 476 KEY LARGO FL 33037-5277 US

2. Principal Place of Business	3. Mailing Address
	120 Anchor Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
	Key Largo, FL

Zip	Country	Zip	Country
		33037	

4. FEI Number	Applied For
59-2379979	Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
MOSS, EVELYN 100 ANCHOR DR STE 476 KEY LARGO FL 33037

7. Name and Address of New Registered Agent		
Name		
Street Address (P.O. Box Number is Not Acceptable)		
120 Anchor Drive		
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	
TITLE	PD
NAME	WADE, ROBERT
STREET ADDRESS	100 ANCHOR DR 476
CITY-ST-ZIP	KEY LARGO FL 33037
TITLE	POA
NAME	MOSS, EVELYN
STREET ADDRESS	100 ANCHOR DR 476
CITY-ST-ZIP	KEY LARGO, FL 00000 33037
TITLE	STD
NAME	KLEIN, HARVEY
STREET ADDRESS	100 ANCHOR DR 476
CITY-ST-ZIP	KEY LARGO FL 33037
TITLE	D
NAME	DAVIDSON, TOM
STREET ADDRESS	100 ANCHOR DR 476
CITY-ST-ZIP	KEY LARGO FL 33037
TITLE	D
NAME	GRUNOW, JOHN
STREET ADDRESS	100 ANCHOR DR #476
CITY-ST-ZIP	KEY LARGO FL 33037
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	120 Anchor Drive
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	120 Anchor Drive
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VD Klein, Harvey
STREET ADDRESS	120 Anchor Drive
CITY-ST-ZIP	Key Largo, FL 33037
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	120 Anchor Drive
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D Taylor, John
STREET ADDRESS	120 Anchor Drive
CITY-ST-ZIP	Key Largo, FL 33037

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, without other like empowerment.

SIGNATURE: *Evelyn Moss*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-00 305-367-3232

Date Daytime Phone #

CR2E037 (9/99)