2002 UNIFORM BUSINESS REPORT (UBR) **FILED** May 09, 2002 8:00 am § Secretary of State **DOCUMENT # 769893** 1. Entity Name 05-09-2002 90054 021 ****61.25 YACHTSMAN'S INN CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 120 ANCHOR DR 120 ANCHOR DR KEY LARGO FL 33037 KEY LARGO FL 33037 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 59-2379979 Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MOSS, EVELYN Street Address (P.O. Box Number is Not Acceptable) 120 ANCHOR DRIVE **STE 476** KEY LARGO FL 33037 Zip Code FL 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) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25

		Trust Fund Co	ontribution.	Added to Fees	Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KEY LARGO FL 33037	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition
	KEY-LARGO, FL 00000 33037	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	er e	Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	STD KLEIN, HARVEY 100 ANCHOR DR 476 KEY LARGO FL 33037	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	DAVIDSON, TOM 100 ANCHOR DR 476 KEY LARGO FL 33037	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRUNOW, JOHN 100 ANCHOR DR #476 KEY LARGO FL 33037	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS	D TAYLOR, JOHN 120 ANCHOR DRIVE	☐ Delete	TITLE NAME		☐ Change	Addition

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 dress, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

KEY LARGO FL 33037

CITY-ST-7/P

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-02

\$5.00 May Be

305-367-3232

Make Check Payable to

Applied For

Not Applicable