

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90018 031 ****61.25

DOCUMENT # 769893

1. Entity Name

YACHTSMAN'S INN CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

120 ANCHOR DR
KEY LARGO FL 33037
US

120 ANCHOR DR
KEY LARGO FL 33037
US



2. Principal Place of Business - No P.O. Box #

10 Barracuda Lane

Suite, Apt. #, etc.

3. Mailing Address

10 Barracuda Lane

Suite, Apt. #, etc.

City & State

Key Largo, FL

City & State

Key Largo, FL

Zip

33037

Country

USA

Zip

33037

Country

USA

4. FEI Number

59-2379979

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MOSS, EVELYN
120 ANCHOR DRIVE
STE 476
KEY LARGO FL 33037**

7. Name and Address of New Registered Agent

Name

Moss, Evelyn

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

10 Barracuda Lane

City

Key Largo,

FL

Zip Code

33037

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WADE, ROBERT 120 ANCHOR DRIVE KEY LARGO FL 33037	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	POA MOSS, EVELYN 100 ANCHOR DR 476 KEY LARGO, FL 00000 33037	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLEFSON, FRED 120 ANCHOR DRIVE KEY LARGO FL 33037	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMMETT, GREY 120 ANCHOR DRIVE KEY LARGO FL 33037	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRUNOW, JOHN 120 ANCHOR DR. KEY LARGO FL 33037	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WATSON, JAMES 120 ANCHOR DR. KEY LARGO FL 33037	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Lieberman, Herbert 10 Barracuda Lane Key Largo, FL 33037	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	POA Moss, Evelyn 10 Barracuda Lane Key Largo, FL 33037	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Olefson, Fred 10 Barracuda Lane Key Largo, FL 33037	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hammett, Grey 10 Barracuda Lane Key Largo, FL 33037	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Grunow, John 10 Barracuda Lane Key Largo, FL 33037	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Glover, John 10 Barracuda Lane Key Largo, FL 33037	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Evelyn Moss

Evelyn Moss

4/23/07

305-367-3232

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #