

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 JAN 24 AM 10:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N03247**

1. Corporation Name

**YACHT HARBOUR VILLAS CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

**3200 N. OCEAN DR.**

3. New Mailing Address, If Applicable

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**HOLLYWOOD, FLORIDA**

City & State

Zip

**33019**

Country

**USA**

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**MAY 23, 1984**

5. FEI Number

**59-2779512**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 87-97**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	
1	2	3	4
P/D	SAM VALLETTI	3200 N. OCEAN DR. #403 HOLLYWOOD, FL 33019	<del>7000032070917-9</del> -01/28/97-01142-009 ****848.75 ****848.75
D	ROBERT MEYERS	3200 N. OCEAN DR. #504 HOLLYWOOD, FL 33019	
S/T/D	AL BEAUREGARD	3200 N. OCEAN DR. #104 HOLLYWOOD, FL 33019	
D	KRIS DAMVELD	3200 N. OCEAN DR. #103 HOLLYWOOD, FL 33019	
D	PIERRE COUTURE	3200 N. OCEAN DR. #302 HOLLYWOOD, FL 33019	<i>1/24/97</i>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

**EDMOND L. SUGAR, Esq.**

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

**950 SOUTH FEDERAL HIGHWAY**

Suite, Apt. #, Etc.

City

**HOLLYWOOD,**

State

**FL**

Zip Code

**33020**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date **Jan 21, 97**

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**21 JAN 1997**

Daytime Phone #

CR2E040 (12/95)