FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N03247

1. Corporation Name

YACHT HARBOUR VILLAS CONDOMINIUM ASSOCIATION, IN C. $F_{CG_{i+1}}^{(B)}$

Principal Place of Business 3200 N. OCEAN DRIVE

2. Principal Place of Business

Suite, Apt. #, etc.

22

HOLLYWOOD FL 33019

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

26

27

3200 N. OCEAN DRIVE HOLLYWOOD FL 33019

FILED Feb 16, 1999 8:00am Secretary of State

02-16-1999 90016 026 ****61.25



3. Date Incorporated or Qualifed

05/23/1984

59-2779512

4. FEI Number

| City & State | е | City & State | | | 5. | Certifcate of Status | s Desired | | \$8.75 A | |
|--|--|--------------|--------------------|--|----|-----------------------|--------------------|----------------|----------|---------------------------|
| 23 | - 1 | 28 | | | | | | | | · |
| ^{Zip} | Country | Zip | Country | untry | | Election Campaign | - | | \$5.00 | |
| 24 | 9. Name and Address of Current Registered Agent | | ol | | | Trust Fund Contrib | | | Added to | Fees |
| | | 1 | 10. | 10. Name and Address of New Registered Agent | | | | | | |
| | · | | 81 | Name | | | | | | • |
| SUGAR, EDMUND L ESQ. 950 SOUTH FEDERAL HIGHWAY HOLLYWOOD FL 33020 | | | | 2 Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| | | | | | | | | | | |
| | | | | 3 | | | | | | |
| | | | 84 | 4 City 85 Zip Code | | | | | | |
| 2007 | | | | , | | | 1 6 4 5 21 74 20 C | .,, FL | | 4 45 64 65 5 5 |
| 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered. | | | | | | | | | | |
| office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. | | | | | | | | | | |
| agoni, rom rama mar, and accept the accept t | | | | | | | | | | |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | | | | | | | | |
| 12. | OFFICERS AND DIRECTORS | | 13. | | | | GES TO OFF | ICERS A | | |
| TITLE | PD | ☐ DELETE | 1.1 TITLE | | | Sup. + Si + | | | ☐ Change | ☐ Addition |
| NAME | VALLETTI, SAM | | 1.2 NAME | | | and the second second | - | | | |
| STREET ADDRESS | 200 N. OCEAN DRIVE, #403 | | 1.3 STREET ADDRESS | | | 58.74.198.00 | | | | Ì |
| CITY-ST-ZIP | OLLYWOOD FL 33019 | | 1.4 CITY+ST-ZIP | | | | | | <u> </u> | |
| TITLE | D | ☐ DELETE | 2.1 TITLE | | | | | | ☐ Change | ☐ Addition |
| NAME | MEYERS, ROBERT | | 2.2 NAME | | | | | | | |
| STREET ADORESS | 3200 N. OCEAN DRIVE, #504 | | 2.3 STREE | T ADDRESS | | | | | | |
| CITY-ST-ZIP | HOLLYWOOD FL 33019 | | 2. 4 CITY- | ST-ZIP | | | | | | 1 |
| TITLE | STD | ☐ DELETE | 3.1 TITLE | | | | | | Change | ☐ Addition |
| NAME | BEAUREGARD, AL | | 3.2 NAME | | | | | | | |
| STREET ADDRESS | 3200 N. OCEAN DRIVE, #104 | | 3.3 STREE | TADDRESS | | | | | | |
| CITY-ST-ZIP | HOLLYWOOD FL 33019 | | 3.4. CITY- | ST-ZIP | | | | ·' | | . , |
| TITLE | D | ☐ DELETE | 4.1 TITLE | | | | | | ☐ Change | ☐ Addition |
| NAME | SAL, LABABERA | | 4. 2 NAME | | | | | 7576 . 1 . 05. | interior | 3 . 5.4 1.853 |
| STREET ADDRESS | 3200 N OCEAN DR #306 | | 4.3 STREE | TADDRESS | | | | 77. 60 1. | | |
| CITY-ST-ZIP | HOLLYWOOD FL 33019 | | 4.4 CITY-5 | | | | | | | 35.75 |
| TITLE | D | ☐ DELETE | 5.1 TITLE | | | | | | ☐ Change | ☐ Addition |
| NAME | COUTURE, PIERRE | | 5.2 NAME | `· | | | | | | |
| STREET ADDRESS | , and the second | | 5.3 STREE | TADDRESS | | | | | | |
| CITY-ST-ZIP | HOLLYWOOD FL 33019 | | 5.4 CITY-5 | ST-ZIP | | · . | | • | | |
| TITLE | 7 50 | ☐ DELETE | 6.1 TITLE | | | | | | Change | Addition |
| NAME | 5.75 .* | | 6.2 NAME | | | | | | | İ |
| STREET ADDRESS | era e | | 6.3 STREE | TADDRESS | | | | | | |
| | , was | | 6.4 CITY- | ST-ZIP | | | | | | |
| CITY-ST-ZIP | | | J VII 1-1 | | | | | | | |

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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

ATTENDED BEQUIRED

NATURE AND TYPED OR PRINTED NAME OF STORY OF FICER OR DIRECTOR

1-22-99

(954) 923-4765 Daytime Phone # RE037 (11/98)

Applied For

Not Applicable