

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90051 020 ****61.25

DOCUMENT # N11160

1. Entity Name

YACHT HAVEN CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**C/OJIM SAUER
800 SEXTANT DR
SAIBEL OH 33957
US**

Mailing Address

**C/OJIM SAUER
800 SEXTANT DR
SAIBEL OH 33957
US**

50016631



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2694301

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SAUER, JIM
800 SEXTANT DR
#1
SANIBEL FL 33957**

Name

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

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

SIGNATURE **JAMES W. SAUER TREASURER**

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

(NOTE: Registered Agent signature required when reinstating)

2/11/05
DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	TD SAUER, JIM <input type="checkbox"/> Delete
STREET ADDRESS	800 SEXTANT DR #1
CITY-ST-ZIP	SANIBEL FL 33957
TITLE NAME	S RAGATZ, TOM <input type="checkbox"/> Delete
STREET ADDRESS	800 SEXTANT DR #4
CITY-ST-ZIP	SANIBEL FL
TITLE NAME	D WIGLEY, ROBERT <input type="checkbox"/> Delete
STREET ADDRESS	800 SEXTANT DRIVE, #3
CITY-ST-ZIP	SANIBEL FL
TITLE NAME	PSD DIXON, VICTORIA <input type="checkbox"/> Delete
STREET ADDRESS	800 SEXTANT DR SUITE 2
CITY-ST-ZIP	SANIBEL FL 33957
TITLE NAME	D HUML, RICHARD L <input type="checkbox"/> Delete
STREET ADDRESS	800 SEXTANT DR #5
CITY-ST-ZIP	SANIBEL FL 33957
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	PSD WIGLEY, ROBERT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	800 SEXTANT DR #3
CITY-ST-ZIP	SANIBEL FL 33957
TITLE NAME	D DIXON, VICTORIA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	800 SEXTANT DR #2
CITY-ST-ZIP	SANIBEL FL 33957
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: **JAMES W. SAUER** **JAMES W. SAUER TREASURER** **2/11/05** **239-472-3306**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #