2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 24, 2008 8:00 am
Secretary of State
07-24-2008 90015 022 ****61.25

DOCUMENT # N11160

1. Entity Name
YACHT HAVEN CONDOMINIUM ASSOC INC

Principal Place of Business	Mailing Address
C/OJIM SAUER 800 SEXTANT DR SAIBEL, OH 33957 US	C/OJIM SAUER 800 SEXTANT DR SAIBEL, OH 33957 US

DO NOT WRITE IN THIS SPACE

No Chg-NP CR2E037 (4/06)

4. FEI Number — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SAUER JIM
800 SEXTANT DR.
#1
SANIBEL FL 33957

DO NOT WRITE IN THIS SPACE

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 7/14/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D PSD
NAME	HUML RICHARD
STREET ADDRESS	800 SEXTANT DR #5
CITY-ST-ZIP	SANIBEL FL 33957
TITLE	S S
NAME	RAGATZ TOM
STREET ADDRESS	800 SEXTANT DR #4
CITY-ST-ZIP	SANIBEL FL 33957
TITLE	P TD
NAME	SAUER JIM
STREET ADDRESS	800 SEXTANT DR #1
CITY-ST-ZIP	SANIBEL FL 33957
TITLE	D D
NAME	DIXON VICTORIA
STREET ADDRESS	800 SEXTANT DR #2
CITY-ST-ZIP	SANIBEL FL 33957
TITLE	D D
NAME	WIGLEY ROBERT
STREET ADDRESS	800 SEXTANT DR #3
CITY-ST-ZIP	SANIBEL FL 33957
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: James W. Sauer JAMES W. SAUER TREASURER 7/14/08 513 314-3530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #