

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N92000000662 (8)**  
1. Corporation Name

**YACHTSMAN COVE CONDOMINIUM ASSOCIATION OF PENSACOLA, INC.**



Principal Place of Business Mailing Address  
**40 SOUTH ALCANIZ STREET PENSACOLA FL 32501**

3. Date Incorporated or Qualified **12/18/1992** 3a. Date of Last Report **07/13/1995**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

4. FEI Number **59-3239943** Applied For Not Applicable

22 City & State 27 City & State

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

23 Zip Country 28 Zip Country

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 25 29 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**MASSEY, LUNDA J  
408 PORT ROYAL WAY  
PENSACOLA FL 32501**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS	
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>HUNTER, RANDALL K</b>
STREET ADDRESS	<b>115 SEAMARGE CIRCLE</b>
CITY - ST - ZIP	<b>PENSACOLA FL 32507</b>
TITLE	<b>STD</b> <input type="checkbox"/> DELETE
NAME	<b>MASSEY, L J</b>
STREET ADDRESS	<b>408 PORT ROYAL WAY</b>
CITY - ST - ZIP	<b>PENSACOLA FL 32501</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE
NAME	<b>HUNTER, MARTHA A</b>
STREET ADDRESS	<b>115 SEAMARGE CIRCLE</b>
CITY - ST - ZIP	<b>PENSACOLA FL 32507</b>
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>MATTHEWS, EDEL F JR</b>
STREET ADDRESS	<b>40 S ALCANIZ STREET</b>
CITY - ST - ZIP	<b>PENSACOLA FL 32501</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE
NAME	<b>Robert G. Janis</b>
STREET ADDRESS	<b>1850 W. Cypress St.</b>
CITY - ST - ZIP	<b>Pensacola, FL 32501</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. 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 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.

**SIGNATURE:** *Robert G. Janis* DATE: Daytime Phone #

CR2E037 (12/95)