NONPROFIT CORPORATION ANNUAL REPORT

1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

	N98000004749
DOCOMENT #	INSCOUDOUT TO

1. Corporation Name

H95/YAMATO CONDOMINIUM ASSOCIATION, INC-

Principal	Place	of I	Business

777 SOUTH FLAGLER ORIVE SUITE 300E

Mailing Address

777 SOUTH FLAGLER DRIVE

SUITE 300E

## **FILED** May 10, 1999 8:00 am Secretary of State

05-10-1999 90217 050 \*\*\*\*61.25

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·	ace of Business	2a. Mailing Address		3. Date incorporated or Qualifed 08/18/1998			
Suite, Apt. i	# etc	Suite, Apt. #, etc.			4. FEI Number	X Ap	plied For
<del></del>	7, Glu.	27			"applied for"	<del>y</del>	t Applicable
22 City & State	A .	City & State	-			\$8.75	Additional
		28			5. Certificate of Status Desired	Fee Re	
23   Zip	Country	Zip	Count	~	6. Election Campaign Financing	\$5.00	May Be
——————————————————————————————————————	25	29 3	_	•	Trust Fund Contribution	Added t	
24	9. Name and Address of Current		<u> </u>		10. Name and Address of New Regist	ered Agent	
	OF TOUR SHOP PAGE OF GOVERN		8	1 Name			
LAYMAN,			8	2 Street A	ddress (P.O. Box Number is Not Acceptable)		——
777 SOUT	TH FLAGLER DRIVE		-		<del></del>		
SUITE 300	<del></del>		8:	3			
•	LM BEACH FL 33401		8	1 '		FL   _	Code
office of n	to the provisions of Sections 617.0502 agistered agent, or both, in the State o m familiar with, and accept the obligation	and 617.1508, Florida Statutes f Florida. Such ohenge was auti ons of, Section 617.0503, Florid	, the abo horized b la Statute	ve-named co y the corpora is.	orporation submits this statement for the purpo- ation's board of directors, I hereby accept the	se of changing its appointment as re	registered gistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	agistered Ag	ent signature req	ured when reinstating) DA	TE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICER		
TITLE	PD	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	CARACI, PHILIP J		1.2 NAME	:			1
STREET ADDRESS	8401 CONNECTICUT AVENUE		1.3 STRE	ET ADDRESS			1
CITY-ST-ZIP	CHEVY CHASE MD 20815		14 CTY-	ST-ZP			
TITLE	VPTD	☐ DELETE	2.1 TITLE			☐ Change	Addition
NAME	SAUL, B. FRANCIS III		22 NAME	<u> </u>			1
STREET ADDRESS	8401 CONNECTICUT AVENUE		23.9TRE	ET ADDRESS			
	CHEVY CHASE MD 20815		2.4 CITY				
CITY-ST-ZP	SD	☐ DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME	CARRIER, MARK G	<del>_</del>	3.2 NAME	.			
	-8401-CONNECTICUT AVENUE			ET ADORESS			]
STREET ADDRESS	CHEVY CHASE MD 20815		3.4. CITY-				ľ
CITY-ST-ZIP	CHEVI CHASE ND 20013	DELETE	4.1 TITLE			Change	Addition .
TITLE NAME		<u></u> , poss	4.2 NAM				}
STREET ADDRESS				ET ADDRESS			İ
CTY-ST-ZIP			4.4 CITY-				CT Addition
TITLE		DELETE	5.1 TITLE			☐ Change	Addition
NAME			52 NAME				1
STREET ADDRESS			5.3 STRE	ET ADORESS			1
CITY-ST-ZIP			5.4 CITY-				
TALE		☐ DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME	1			}
STREET ADDRESS			6.3 STRE	ET ADDRESS			
			8.4 CITY-	ST-ZIP			
14. I hereby o	certify that the information supplied with	n this filing does not qualify for t	ne exemp	tion stated	n Section 119.07(3)(i), Florida Statutes. I furth	er certify that the i	nformation I am an

indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under out; that I arm at 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.

MAIGH GILGRE REQUIRED