## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## May 04, 2004 8:00 am Secretary of State DOCUMENT # P00000109922 1. Entity Name 05-04-2004 90149 002 \*\*\*150.00 YACHT HARBOUR RESORTS, INC. Principal Place of Business Mailing Address 3015 N. OCEAN BLVD., #121 FT. LAUDERDALE FL 33308 3015 N. OCEAN BLVD., #121 24069249 FT. LAUDERDALE FL 33308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-1062262 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FOSTER, REBECCA A Street Address (P.O. Box Number is Not Acceptable) 3015 N OCEAN BLVD #115 FORT LAUDERDALE FL 33308 City 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 Signature, typed or printed name of registered agont and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE D D/P/S ☐ Delete TITLE Change Change Addition FOSTER, REBECCA A Rebecca A. Foster NAME MARAC 3015 N Ocean Blvd, Ste 121 3015 N. OCEAN BLVD., #121 STREET ADDRESS STREET ADDRESS Ft Lauderdale, FL 33308 FT. LAUDERDALE FL 33308 CITY-ST-ZIP CITY-ST-ZIP D TITLE ☐ Delete ☑ Change ☐ Addition D/V/T LANDAU, MARC J NAME NAME Marc J Landau 3015 N. OCEAN BLVD., #121 STREET ADDRESS STREET ADDRESS 3015 N Ocean Blvd, Ste 121 FT. LAUDERDALE FL 33308 CITY-ST-7IP CITY-ST-7IP Ft Lauderdale, FL 33308 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-7IP TITLE ☐ Change ☐ Delete TITLE Addition

12. I hereby certify that the information substied 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 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 entropy powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF

**FILED**