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Mar 04 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



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

**DOCUMENT # 707464 (4)**

1. Corporation Name

**HARBOUR EAST ASSOCIATION INC**

Principal Place of Business

**701 NE LAKEVIEW TERR  
BOCA RATON FL 33431  
US**

Mailing Address

**701 NE LAKEVIEW TERR  
BOCA RATON FL 33431-6931  
US**



3. Date Incorporated or Qualified  
**06/19/1964**

3a. Date of Last Report  
**04/23/1996**

2. Principal Place of Business

**21** Suite, Apt #, etc.

**22** City & State

**23** Zip

**25** Country

2a. Mailing Address

**26** Suite, Apt #, etc.

**27** City & State

**28** Zip

**30** Country

4. FEI Number

**23-7075583**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCELROY, AGNES L.  
701 NE LAKEVIEW TERRACE  
BOCA RATON FL 33431**

**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 **PD** ☒ DELETE  
NAME **PERRY, VIRGINIA**  
STREET ADDRESS **700 NE HARBOUR TERRACE 235**  
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **VPD** ☒ DELETE  
NAME **GRIDLEY, ALICE**  
STREET ADDRESS **788 NE MARINE DRIVE**  
CITY-ST-ZIP **BOCA RATON FL**

TITLE **TD** ☐ DELETE  
NAME **MCELROY, AGNES I**  
STREET ADDRESS **701 LAKEVIEW TERRACE**  
CITY-ST-ZIP **BOCA RATON FL 33431** *same*

TITLE **SD** ☒ DELETE  
NAME **MCELROY, AGNES**  
STREET ADDRESS **701 NE LAKEVIEW TERRACE**  
CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT** ☐ Change ☒ Addition  
1.2 NAME **BOB VEDER**  
1.3 STREET ADDRESS **700 NE HARBOUR TERRACE #131**  
1.4 CITY-ST-ZIP **BOCA RATON, FL 33431**

2.1 TITLE **VICE PRESIDENT** ☐ Change ☒ Addition  
2.2 NAME **FRAN CUMMINGS**  
2.3 STREET ADDRESS **711 NE HARBOUR TERRACE #302**  
2.4 CITY-ST-ZIP **BOCA RATON, FL 33431**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE **SECRETARY** ☐ Change ☒ Addition  
4.2 NAME **TERRY YANICK**  
4.3 STREET ADDRESS **700 NE HARBOUR TERRACE #133**  
4.4 CITY-ST-ZIP **BOCA RATON, FL 33431**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 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: *AGNES McElroy*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0038762**

CR2E037 (9/96)

*Treasurer*

*2-5-97*