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95 APR -6 AM 6:39

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 714705 (1)
1. Corporation Name
HARBOUR EAST HOUSE CONDOMINIUM INCORPORATED

Principal Place of Business Mailing Address
700 N.E. HARBOUR TERRACE BOCA RATON FL 33431 **700 N.E. HARBOUR TERRACE BOCA RATON FL 33431**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/04/1968** 3a. Date of Last Report **04/13/1994**
4. FEI Number **59-1235264** 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**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**WILLIS, ERNEST W.
C/O BEACON PROPERTY MANAGEMENT, INC.
1 N. OCEAN BLVD., STE. 7
BOCA RATON FL 33432**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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	D
NAME	CAMERON, ED
STREET ADDRESS	700 NE HARBOUR TERR
CITY - ST - ZIP	BOCA RATON FL
TITLE	D
NAME	LOVISA, HANS
STREET ADDRESS	700 NE HARBOUR TERR
CITY - ST - ZIP	BOCA RATON FL
TITLE	D
NAME	STEVENS, ELTON
STREET ADDRESS	700 NE HARBOUR TERR
CITY - ST - ZIP	BOCA RATON FL
TITLE	T
NAME	HILTON, MAYFA
STREET ADDRESS	700 NE HARBOUR TERR
CITY - ST - ZIP	BOCA RATON FL
TITLE	PD
NAME	LANDRITH, MARTY
STREET ADDRESS	700 NE HARBOUR #232
CITY - ST - ZIP	BOCA RATON FL
TITLE	SD
NAME	GERARD, CLAUDNE
STREET ADDRESS	700 NE HARBOUR #324
CITY - ST - ZIP	BOCA RATON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	P. Robert Erickson
3.3 STREET ADDRESS	700 NE Harbour Terr. #233
3.4 CITY - ST - ZIP	Boca Raton
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	V.
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mayfa J. Hilton* Director
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/95 407-750-0070
DATE (Day/Month/Year) Telephone #