

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



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

3. Date Incorporated or Qualified: 05/04/1968
3a. Date of Last Report: 04/06/1995

2. Principal Place of Business: 21 500 E. Spanish River Blvd.
22 Suite, Apt. #, etc.: #18
23 City & State: Boca Raton, FL.
24 Zip: 33431
25 Country: [Blank]
26 27 28 29 30

4. FEI Number: 59-1235264
Applied For: [Blank] / Not Applicable
5. Certificate of Status Desired: [Blank] \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: [Blank] \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [Blank] Yes [Blank] No

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
81 Name: [Blank]
82 Street Address (P.O. Box Number is Not Acceptable): [Blank]
83 [Blank]
84 City: FL 85 Zip Code: [Blank]

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: *Ernest W. Willis* **Ernest W. Willis** 3-27-96
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	<input checked="" type="checkbox"/> DELETE
NAME	CAMERON, ED
STREET ADDRESS	700 NE HARBOUR TERR
CITY-ST-ZIP	BOCA RATON FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	LOVISA, HANS
STREET ADDRESS	700 NE HARBOUR TERR
CITY-ST-ZIP	BOCA RATON FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	ERICKSON, ROBERT
STREET ADDRESS	700 NE HARBOUR TERR
CITY-ST-ZIP	BOCA RATON FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	HILTON, MAYFA
STREET ADDRESS	700 NE HARBOUR TERR
CITY-ST-ZIP	BOCA RATON FL
TITLE	<input type="checkbox"/> DELETE
NAME	LANDRITH, MARTY
STREET ADDRESS	700 NE HARBOUR #232
CITY-ST-ZIP	BOCA RATON FL
TITLE	<input type="checkbox"/> DELETE
NAME	GERARD, CLAUDINE
STREET ADDRESS	700 NE HARBOUR #324
CITY-ST-ZIP	BOCA RATON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V.D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Carmine Delmonico
1.3 STREET ADDRESS	700 NE Harbour Terr.#233,Boca Raton, FL.
1.4 CITY-ST-ZIP	[Blank]
2.1 TITLE	T.D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Ann Barron
2.3 STREET ADDRESS	700 NE Harbour Terr.#130,Boca Raton, FL.
2.4 CITY-ST-ZIP	[Blank]
3.1 TITLE	D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Kaye Costa
3.3 STREET ADDRESS	700 NE Harbour Terr. # 231
3.4 CITY-ST-ZIP	Boca Raton, FL.
4.1 TITLE	D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Bob Veder
4.3 STREET ADDRESS	700 NE. Harbour Terr. #131, Boca Raton, FL.
4.4 CITY-ST-ZIP	[Blank]
5.1 TITLE	P.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	[Blank]
5.3 STREET ADDRESS	[Blank]
5.4 CITY-ST-ZIP	[Blank]
6.1 TITLE	[Blank] <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	[Blank]
6.3 STREET ADDRESS	[Blank]
6.4 CITY-ST-ZIP	[Blank]

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: *Marty Landrith* **MARTY LANDRITH** PRESIDENT 3-29-96 407-395-9373
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)