


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 29 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortherm</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

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



Principal Place of Business <b>700 N.E. HARBOUR TERRACE BOCA RATON FL 33431</b>		Mailing Address <b>500 E SPANISH RIVER BLVD #18 BOCA RATON FL 33431 US</b>	
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

3. Date Incorporated or Qualified <b>05/04/1968</b>
4. FEI Number <b>59-1235264</b>
Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**WILLIS, ERNEST W.  
500 NE SPANISH RIVER BLVD., SUITE 18  
~~1111 OCEAN BLVD, SUITE 18~~  
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable) <b>500 NE Spanish River Blvd., Ste. 18</b>
83
84 City <b>FL</b> 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 officer 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DELMONCO, CARMINE	1.2 NAME	LoVisa, Hans
STREET ADDRESS	700 NE HARBOUR TERRACE, K#323	1.3 STREET ADDRESS	700 NE Harbour Terr, #323
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	Boca Raton, FL
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COSTA, KAY	2.2 NAME	Barron, Ann
STREET ADDRESS	700 NE HARBOUR TERRACE, #231	2.3 STREET ADDRESS	700 NE Harbour Terr, #130
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	Boca Raton, FL
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERYL, L HERBERT	3.2 NAME	Baudo, Frank
STREET ADDRESS	700 NE HARBOUR TERRACE #122	3.3 STREET ADDRESS	700 NE Harbour Terr, #223
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	Boca Raton, FL
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ERICKSON, ROBERT	4.2 NAME	Hammer, Jack
STREET ADDRESS	700 NE HARBOUR TERRACE, #322	4.3 STREET ADDRESS	700 NE Harbour Terr, #222
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	Boca Raton, FL
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANDRITH, MARTY	5.2 NAME	
STREET ADDRESS	700 NE HARBOUR #232	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	5.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERARD, CLAUDINE	6.2 NAME	
STREET ADDRESS	700 NE HARBOUR #324	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	6.4 CITY-ST-ZIP	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DELMONCO, CARMINE	1.2 NAME	LoVisa, Hans
STREET ADDRESS	700 NE HARBOUR TERRACE, K#323	1.3 STREET ADDRESS	700 NE Harbour Terr, #323
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	Boca Raton, FL
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COSTA, KAY	2.2 NAME	Barron, Ann
STREET ADDRESS	700 NE HARBOUR TERRACE, #231	2.3 STREET ADDRESS	700 NE Harbour Terr, #130
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	Boca Raton, FL
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERYL, L HERBERT	3.2 NAME	Baudo, Frank
STREET ADDRESS	700 NE HARBOUR TERRACE #122	3.3 STREET ADDRESS	700 NE Harbour Terr, #223
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	Boca Raton, FL
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ERICKSON, ROBERT	4.2 NAME	Hammer, Jack
STREET ADDRESS	700 NE HARBOUR TERRACE, #322	4.3 STREET ADDRESS	700 NE Harbour Terr, #222
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	Boca Raton, FL
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANDRITH, MARTY	5.2 NAME	
STREET ADDRESS	700 NE HARBOUR #232	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	5.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERARD, CLAUDINE	6.2 NAME	
STREET ADDRESS	700 NE HARBOUR #324	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	6.4 CITY-ST-ZIP	

14. I 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: *Martha E. Landrith* **4/22/98** 561-750-0040

CR2E037 (10/97)