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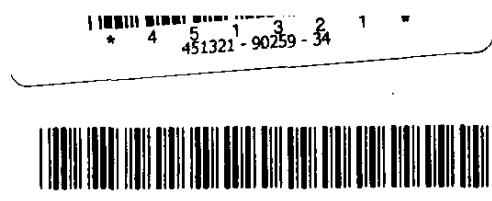
04-29-1999

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 714705

1. Corporation Name
HARBOUR EAST HOUSE CONDOMINIUM INCORPORATED

Principal Place of Business 700 N.E. HARBOUR TERRACE BOCA RATON FL 33431	Mailing Address 500 E SPANISH RIVER BLVD SUITE 18 BOCA RATON FL 33431 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/04/1968
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1235624
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WILLIS, ERNEST W. 500 NE SPANISH RIVER BLVD., SUITE 18 1-N. OCEAN BLVD., STE. 7 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<i>Robert Erickson</i> <input checked="" type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANS, LOVISA	1.2 NAME	
STREET ADDRESS	700 NE HARBOUR TERRACE, K#323	1.3 STREET ADDRESS	<i>700 NE Harbour Terr. #322</i>
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	<i>Boca Raton, FL 33431</i>
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COSTA, KAY	2.2 NAME	<i>Nicholas Catella</i>
STREET ADDRESS	700 NE HARBOUR TERRACE, #231	2.3 STREET ADDRESS	<i>700 HARBOUR TERR. #133</i>
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	<i>Boca Raton, FL 33431</i>
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARRON, ANN	3.2 NAME	<i>Ed Rodler</i>
STREET ADDRESS	700 NE HARBOUR TERR, #130	3.3 STREET ADDRESS	<i>700 HARBOUR TERR #233</i>
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	<i>Boca Raton, FL 33431</i>
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAUDO, FRANK	4.2 NAME	<i>JACK HAMMER</i>
STREET ADDRESS	700 NE HARBOUR TERR, #223	4.3 STREET ADDRESS	<i>700 HARBOUR TERR #222</i>
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	<i>Boca Raton, FL 33431</i>
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	LANDRITH, MARTY MARTHA E.	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 checked="" type="checkbox"/> DELETE	6.1 TITLE	
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, with all other like empowered.

SIGNATURE: *MARTHA E. LANDRITH* 4/23/99 561-395-9373
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)