

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 15 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **714900** (8)
1. Corporation Name
VILLAHARBOUR APARTMENT ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/08/1968	3a. Date of Last Report 05/12/1994
4. FBI Number 62-0854274	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Principal Place of Business		Mailing Address	
166 HARBOUR DR. KEY BISCAVNE FL 33149		166 HARBOUR DR. KEY BISCAVNE FL 33149	
21. Principal Place of Business	2a. Mailing Address	22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State	24. Zip	30. Country

9. Name and Address of Current Registered Agent

**ROBERTS, NORMAN T.
50 WEST MASHTA DR.
SUITE 2
KEY BISCAVNE FL 33149**

10. Name and Address of New Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EASTEN, ED	1.2 NAME	John Sagozac
STREET ADDRESS	166 HARBOR DRIVE	1.3 STREET ADDRESS	166 Harbor Dr. #10
CITY-ST-ZIP	KEY BISCAVNE FL	1.4 CITY-ST-ZIP	Key Biscayne, FL
TITLE	D	2.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICE, JOSOPHINE	2.2 NAME	Robert Owens
STREET ADDRESS	166 HARBOR DR 6	2.3 STREET ADDRESS	166 Harbor Dr #12
CITY-ST-ZIP	KEY BISCAVNE FL	2.4 CITY-ST-ZIP	Key Biscayne, FL
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OWEN, GRANT N. VAUGH	3.2 NAME	
STREET ADDRESS	166 HARBOR DR, #17	3.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAVNE FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRASER, G. DUNCAN, JR.	4.2 NAME	
STREET ADDRESS	166 HARBOR DR. #5	4.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAVNE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHIPMAN, J EDWARD	5.2 NAME	
STREET ADDRESS	166 HARBOR DR 15	5.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAVNE FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(4), 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: J. Edward Chipman 2/19/95 (305) 361-6204
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number