

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 # 714900 (8)

1. Corporation Name

VILLAHARBOUR APARTMENT ASSOCIATION, INC.



Principal Place of Business

Mailing Address

166 HARBOUR DR.
KEY BISCAYNE FL 33149

166 HARBOUR DR.
KEY BISCAYNE FL 33149

3. Date Incorporated or Qualified
07/08/1968

3a. Date of Last Report
03/15/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number
62-0854274

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature typed or printed name of registered agent and title (applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P SAGORAC, JOHN 166 HARBOR DRIVE KEY BISCAYNE FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	P OWENS, ROBERT 166 HARBOR DR #10 KEY BISCAYNE FL 33149	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICE, JOSOPHINE 166 HARBOR DR 6 KEY BISCAYNE FL	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	OWEN, GRANT N. VAUGH 166 HARBOR DR, #17 KEY BISCAYNE FL	<input checked="" type="checkbox"/> DELETE	2.2 NAME	ST SAGOVAC, PATRICIA A 166 HARBOR DR #10 KEY BISCAYNE FL 33149	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	OWENS, ROBERT 166 HARBOR DR #12 KEY BISCAYNE FL	<input checked="" type="checkbox"/> DELETE	2.3 STREET ADDRESS	D FURSTEIN, GERALD 166 HARBOR DR #14 KEY BISCAYNE FL 33149	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP	CHIPMAN, J EDWARD 166 HARBOR DR 15 KEY BISCAYNE FL	<input checked="" type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	D KEEFE, JACK 166 HARBOR DR #9 KEY BISCAYNE FL 33149	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP		<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
CITY-ST-ZIP			4.1 TITLE		
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
CITY-ST-ZIP			5.1 TITLE		
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
CITY-ST-ZIP			6.1 TITLE		
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 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:

P.A. Sagovac

P.A. SAGOVAC

2/3/96

(305) 361-6499

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Domestic Phone #

CR2E037 (12/95)