

FILE NOW: FILING FEE IS \$61.25

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Jan 21 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 33149-1306

3. Date Incorporated or Qualified 07/08/1968 3a. Date of Last Report 02/12/1996  
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 [x] No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
ROBERTS, NORMAN T.  
50 WEST MASHTA DR.  
SUITE 2  
KEY BISCAYNE FL 33149

10. Name and Address of New Registered Agent  
81 Name ROBERT C. OWENS  
82 Street Address (P.O. Box Number is Not Acceptable) 150 W. FLAGLER ST.  
83 SUITE 2400  
84 City MIAMI FL 85 Zip Code 33130

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 Robert C. Owens DATE 1/19/97

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	OWENS, ROBERT	
STREET ADDRESS	166 HARBOR DRIVE, # 12	
CITY - ST - ZIP	KEY BISCAYNE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RICE, JOSOPHINE	
STREET ADDRESS	166 HARBOR DR 6	
CITY - ST - ZIP	KEY BISCAYNE FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	SAGOVAC, PATRICIA A	
STREET ADDRESS	166 HARBOR, # 10	
CITY - ST - ZIP	KEY BISCAYNE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EPSTEIN, GERALD	
STREET ADDRESS	166 HARBOR DRIVE, # 14	
CITY - ST - ZIP	KEY BISCAYNE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KEEFE, JACK	
STREET ADDRESS	166 HARBOR DRIVE, # 9	
CITY - ST - ZIP	KEY BISCAYNE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	KEEFE, BETTY
5.3 STREET ADDRESS	166 HARBOR DR # 9
5.4 CITY - ST - ZIP	KEY BISCAYNE FL 33149
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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: P. S. SAGOVAC Secretary/Treasurer 1/7/97 (305) 361-6499

CR2E037 (9/96)