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



Principal Place of Business 166 HARBOUR DR. KEY BISCAZYNE FL 33149	Mailing Address 166 HARBOUR DR. KEY BISCAZYNE FL 33149-1306
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3. Date Incorporated or Qualified 07/08/1968	3a. Date of Last Report 02/12/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 62-0854274	Applied For <input type="checkbox"/> 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**ROBERTS, NORMAN T.
50 WEST MASHTA DR.
SUITE 2
KEY BISCAZYNE 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 **M I A M I** 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	<input type="checkbox"/> DELETE
NAME	P, OWENS, ROBERT
STREET ADDRESS	166 HARBOR DRIVE, # 12
CITY - ST - ZIP	KEY BISCAZYNE FL
TITLE	<input type="checkbox"/> DELETE
NAME	D RICE, JOSOPHINE
STREET ADDRESS	166 HARBOR DR 6
CITY - ST - ZIP	KEY BISCAZYNE FL
TITLE	<input type="checkbox"/> DELETE
NAME	ST SAGOVAC, PATRICIA A
STREET ADDRESS	166 HARBOR, # 10
CITY - ST - ZIP	KEY BISCAZYNE FL
TITLE	<input type="checkbox"/> DELETE
NAME	D EPSTEIN, GERALD
STREET ADDRESS	166 HARBOR DRIVE, # 14
CITY - ST - ZIP	KEY BISCAZYNE FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D KEEFE, JACK
STREET ADDRESS	166 HARBOR DRIVE, # 9
CITY - ST - ZIP	KEY BISCAZYNE 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	D KEEFE, BETTY
5.3 STREET ADDRESS	166 HARBOR DR # 9
5.4 CITY - ST - ZIP	KEY BISCAZYNE 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. Adams* P. S. Adams Secretary/Treasurer 1/7/97 (305) 361-6499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)