

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 14 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 714900 (8)**  
 1. Corporation Name  
**VILLAHARBOUR APARTMENT ASSOCIATION, INC.**



Principal Place of Business <b>166 HARBOUR DR. KEY BISCAIYNE FL 33149</b>	Mailing Address <b>166 HARBOUR DR. KEY BISCAIYNE FL 33149</b>
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3. Date Incorporated or Qualified <b>07/08/1968</b>	
4. FEI Number <b>62-0854274</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

**9. Name and Address of Current Registered Agent**  
**ROBERT C. OWNES**  
**150 W. FLAGLER ST.**  
**SUITE 2400**  
**MIAMI FL 33130**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> State
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<b>OWENS, ROBERT</b> <del>166 HARBOR DRIVE # 12 KEY BISCAIYNE FL</del>	<input checked="" type="checkbox"/> DELETE	
TITLE <b>D</b>	<b>RICE, JOSOPHINE</b> 166 HARBOR DR 6 KEY BISCAIYNE FL	<input type="checkbox"/> DELETE	
TITLE <b>ST</b>	<b>SAGOVAC, PATRICIA A</b> <del>166 HARBOR # 10 KEY BISCAIYNE FL</del>	<input type="checkbox"/> DELETE	
TITLE <b>D</b>	<b>EPSTEIN, GERALD</b> 166 HARBOR DRIVE, # 14 KEY BISCAIYNE FL	<input type="checkbox"/> DELETE	
TITLE <b>D</b>	<b>KEEFE, BETTY</b> 166 HARBOR DRIVE, # 9 KEY BISCAIYNE FL	<input type="checkbox"/> DELETE	
TITLE		<input type="checkbox"/> DELETE	

1.1 TITLE <b>PT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>SAGOVAC, PATRICIA A</b>	
1.3 STREET ADDRESS <b>166 HARBOR DR # 10</b>	
1.4 CITY-ST-ZIP <b>KEY BISCAIYNE FL 33149</b>	
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 <b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME <b>ZEINER, CAROL</b>	
3.3 STREET ADDRESS <b>166 HARBOR DR # 7</b>	
3.4 CITY-ST-ZIP <b>KEY BISCAIYNE FL 33149</b>	
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 type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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:** \_\_\_\_\_ **1/7/98 (305) 361-6499**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0030549

CR2E037 (10/97)