

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90030 016 ****61.25

0031790

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 714900

1. Corporation Name

VILLAHARBOUR APARTMENT ASSOCIATION, INC.

Principal Place of Business

166 HARBOUR DR.
KEY BISCAYNE FL 33149

Mailing Address

166 HARBOUR DR.
KEY BISCAYNE FL 33149



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

07/08/1968

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

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

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PT
NAME SAGOVAC, PATRICIA A.
STREET ADDRESS 166 HARBOR DRIVE #10
CITY-ST-ZIP KEY BISCAYNE FL 33149

TITLE D
NAME RICE, JOSOPHINE
STREET ADDRESS 166 HARBOR DR 6
CITY-ST-ZIP KEY BISCAYNE FL

TITLE S
NAME ZEINER, CAROL
STREET ADDRESS 166 HARBOR DRIVE #7
CITY-ST-ZIP KEY BISCAYNE FL 33149

TITLE D
NAME EPSTEIN, GERALD
STREET ADDRESS 166 HARBOR DRIVE, # 14
CITY-ST-ZIP KEY BISCAYNE FL

TITLE D
NAME KEEFE, BETTY CREVELING, ELEANOR
STREET ADDRESS 166 HARBOR DRIVE, # 16
CITY-ST-ZIP KEY BISCAYNE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED SAGOVAC
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/99 (305) 361-6499
Date Daytime Phone #

CR2E037-(1/1/98)