


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90037 018 ****61.25

DOCUMENT # 714900
 1. Entity Name
 VILLAHARBOUR APARTMENT ASSOCIATION, INC.



Principal Place of Business
 166 HARBOR DR.
 KEY BISCAYNE, FL 33149 US

Mailing Address
 166 HARBOR DR.
 KEY BISCAYNE, FL 33149 US

24008733



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01212004 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number
 62-0854274

Applied For
 Not Applicable

Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SAGOVAC, PATRICIA A
 166 HARBOR DR
 #10
 KEY BISCAYNE, FL 33149

7. Name and Address of New Registered Agent
 Name SAGOVAC JOHN
 Street Address (P.O. Box Number is Not Acceptable)
 166 Harbor Drive #10
 City Key Biscayne FL Zip Code 33149

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE John Sagovac J. Sagovac 2/3/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SAGOVAC, PATRICIA A. <input checked="" type="checkbox"/> Delete 168 HARBOR DRIVE #10 KEY BISCAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICE, JOSOPHINE <input type="checkbox"/> Delete 166 HARBOR DR #6 KEY BISCAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ZEINER, CAROL <input type="checkbox"/> Delete 166 HARBOR DRIVE #7 KEY BISCAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WENZEL, MIKE <input type="checkbox"/> Delete 166 HARBOR DR #12 KEY BISCAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CREVELING, ELEANOR <input type="checkbox"/> Delete 166 HARBOR DRIVE, #16 KEY BISCAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SAGOVAC JOHN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 166 Harbor Drive #10 Key Biscayne FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WENZEL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ELEANOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John Sagovac J. Sagovac 2/3/04 3053616499
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #