


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90533 006 \*\*\*\*61.25

<b>DOCUMENT # 714900</b>			
1. Entity Name <b>VILLAHARBOUR APARTMENT ASSOCIATION, INC.</b>			
Principal Place of Business <b>166 HARBOR DR. KEY BISCAYNE FL 33149 US</b>		Mailing Address <b>166 HARBOR DR. KEY BISCAYNE FL 33149 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>SAGOVAC, PATRICIA A 166 HARBOR DR #10 KEY BISCAYNE FL 33149</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE			



CHECK HERE IF MAKING CHANGES

4. FEI Number <b>62-0854274</b>	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SAGOVAC, PATRICIA A.</b> <b>166 HARBOR DRIVE #10</b> <b>KEY BISCAYNE FL 33149</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Wenzel Mike</b> <b>166 Harbor Drive #12</b> <b>Key Biscayne, FL 33149</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>RICE, JOSOPHINE</b> <b>166 HARBOR DR #6</b> <b>KEY BISCAYNE FL 33149</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ZEINER, CAROL</b> <b>166 HARBOR DRIVE #7</b> <b>KEY BISCAYNE FL 33149</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EPSTEIN, GERALD</b> <b>166 HARBOR DRIVE, # 14</b> <b>KEY BISCAYNE FL 33149</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CREVELING, ELSANOR</b> <b>166 HARBOR DRIVE, #16</b> <b>KEY BISCAYNE FL 33149</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DEL VALLE, HUMBERTO</b> <b>166 HARBOR DR #13</b> <b>KEY BISCAYNE FL 33149</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: *P. Sagovac* **SIGNATURE REQUIRED** 1/22/03 (205) 361-6499

CR2E037 (10/02)