

FILE NOW: FILING FEE IS \$61.25

FILED
May 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **716710** (9)
1. Corporation Name
HARBOUR CLUB VILLAS CONDOMINIUM CORPORATION, INC



Principal Place of Business 1530 N.E. 105TH STREET MIAMI SHORES FL 33138		Mailing Address 1530 N.E. 105TH STREET MIAMI SHORES FL 33138		3. Date Incorporated or Qualified 06/10/1969	
2. Principal Place of Business 21 Same above Suite, Apt. #, etc.		2a. Mailing Address 26 Same Above Suite, Apt. #, etc.		4. FEI Number 59-1388694 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
25		30		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	

9. Name and Address of Current Registered Agent BROWN, DOROTHY 1500 NORTHEAST 105TH STREET MIAMI SHORES FL 33138				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
				85 Zip Code FL	

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 *Dorothy D. Brown* **DOROTHY D. BROWN 4/21/98**
Signature, typed or red name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	LACOMBE, DORIS		1.2 NAME	<i>Goldenbary, ALAN</i>			
STREET ADDRESS	1500 NE 105 ST		1.3 STREET ADDRESS	<i>1557 N.E. 105 ST.</i>			
CITY-ST-ZIP	MIAMI SHORES FL		1.4 CITY-ST-ZIP	<i>Miami Shores, FL</i>			
TITLE	P	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BROWN, DOROTHY		2.2 NAME				
STREET ADDRESS	1500 N.E. 105TH ST.		2.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI SHORES, FL 00000		2.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DEETZ, SANDY		3.2 NAME				
STREET ADDRESS	1432 NE 105TH ST		3.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI SHORES, FL 00000		3.4 CITY-ST-ZIP				
TITLE	VP	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NAUGHTON, LINDA		4.2 NAME				
STREET ADDRESS	1511 NE 105TH STREET		4.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI SHORES, FL 00000		4.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LAURENCE, BUD		5.2 NAME				
STREET ADDRESS	1632 NE 105TH ST		5.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI SHORES, FL 00000		5.4 CITY-ST-ZIP				
TITLE	TM	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MURPHY, LARRY		6.2 NAME				
STREET ADDRESS	1558 N.E. 105TH ST.		6.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI SHORES FL		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, 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: *LARRY E. Naughton, Pres. Dir.*

CR2E037 (10/97)