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Apr 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morfham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 721108 (9)

1. Corporation Name
HARBOUR HILL CONDOMINIUM APARTMENTS ASSOCIATION, INC.



Principal Place of Business 700 BEACH DRIVE, N.E. ST. PETERSBURG FL 33701	Mailing Address 700 BEACH DRIVE, N.E. ST. PETERSBURG FL 33701-2658
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3. Date Incorporated or Qualified 06/07/1971	3a. Date of Last Report 04/03/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 59-1428703	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

~~BARDEG, PAUL~~
~~700 BEACH DRIVE N.E., #400~~
~~SUITE 707~~
~~ST. PETERSBURG FL 33701~~

10. Name and Address of New Registered Agent

81 Name
John Wallace

82 Street Address (P.O. Box Number is Not Acceptable)
700 Beach Drive NE

83 **#PH-1**

84 City
St. Petersburg **FL** 85 Zip Code
33701

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: *Kay R. Stanton* *John Wallace* *March 28, 1997*

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	SD <input type="checkbox"/> DELETE
NAME	DEGRAAF, ISABELLE
STREET ADDRESS	700 BEACH DRIVE NE #802
CITY - ST - ZIP	ST. PETERSBURG FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	BARDEG, PAUL
STREET ADDRESS	700 BEACH DRIVE N.E., #400
CITY - ST - ZIP	ST. PETERSBURG FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	SUMNER, RICHARD
STREET ADDRESS	700 BEACH DRIVE NE #302
CITY - ST - ZIP	ST PETERSBURG FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	WALLACE, JOHN
STREET ADDRESS	700 BEACH DRIVE N.E., #PH-1
CITY - ST - ZIP	ST. PETERSBURG FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Jean Fleming
1.3 STREET ADDRESS	700 Beach Drive NE, #805
1.4 CITY - ST - ZIP	St. Petersburg, FL
2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Wallace, John
2.3 STREET ADDRESS	700 Beach Drive NE, #PH-1
2.4 CITY - ST - ZIP	St. Petersburg, FL
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Stanton, Kay
4.3 STREET ADDRESS	700 Beach Drive NE, #407
4.4 CITY - ST - ZIP	St. Petersburg, FL
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 do 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: *Kay R. Stanton* *March 28, 1997* *813-894-7503*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0049788

CF2E037 (9/96)