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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90153 025 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # 723422

1. Corporation Name
HARBOUR ROYALE CONDOMINIUM ASSOCIATION, INC.

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|--|--|
| Principal Place of Business 510 PALM SPRINGS BLVD. INDIAN HARBOUR BEACH FL 32937 | Mailing Address 510 PALM SPRINGS BLVD. INDIAN HARBOUR BEACH FL 32937 |
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|--------------------------------------|---------------------------|---|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 3. Date Incorporated or Qualified 05/16/1972 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 4. FEI Number 59-1786502 |
| City & State 23 | City & State 28 | Applied For Not Applicable |
| Zip 24 | Country 25 | 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 |

| | | | |
|---|--|---|--|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| KRAISEL, HY 500 PALM SPRINGS BLVD #209N INDIAN HARBOUR BEACH FL 32937 | | 81 Name | BECKER & POLLAKOFF, P.A. c/o C. JOHN CHRISTENSEN, ESQ |
| | | 82 Street Address (P.O. Box Number is Not Acceptable) | |
| | | 83 | 500 Winderley Place, Suite 104 |
| | | 84 City | Maitland FL 85 - Zip Code 32751 |

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]* DATE: 1/29/99

(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------------|---|---|
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WOHLMUTH, SHEILA | 1.2 NAME | John Wagner II |
| STREET ADDRESS | 500 PALM SPRINGS BLVD 509N | 1.3 STREET ADDRESS | 520 Palm Springs Blvd 208 |
| CITY-ST-ZIP | INDIAN HARBOUR BEACH FL | 1.4 CITY-ST-ZIP | Indian Harbour Bch, FL 32937 |
| TITLE | VPD <input type="checkbox"/> DELETE | 2.1 TITLE | Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ARMIGER, CHARLES | 2.2 NAME | Donald Clark |
| STREET ADDRESS | 520 PALM SPRINGS BLVD 209S | 2.3 STREET ADDRESS | 520 Palm Springs Blvd 509 |
| CITY-ST-ZIP | INDIAN HARBOUR BEACH FL | 2.4 CITY-ST-ZIP | Indian Harbour Bch, FL 32937 |
| TITLE | TD <input type="checkbox"/> DELETE | 3.1 TITLE | Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KRAISEL, HY | 3.2 NAME | Lois Manton |
| STREET ADDRESS | 500 PALM SPRGS BLVD 209N | 3.3 STREET ADDRESS | 520 Palm Springs Blvd 611 |
| CITY-ST-ZIP | INDIAN HRBR BCH FL 32937 | 3.4 CITY-ST-ZIP | Indian Harbour Bch, FL 32937 |
| TITLE | SD <input type="checkbox"/> DELETE | 4.1 TITLE | Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SEGAL, MARIE | 4.2 NAME | Nell Armiger |
| STREET ADDRESS | 500 PALM SPRINGS BLVD. 306N | 4.3 STREET ADDRESS | 520 Palm Springs Blvd 209 |
| CITY-ST-ZIP | INDIAN HRBR BCH FL 32937 | 4.4 CITY-ST-ZIP | Indian Harbour Bch, FL 32937 |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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]* DATE: 1/28/99 DAYTIME PHONE #: 407-773-8853

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)