## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT COMPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

732464

(3)

HARBOUR HOUSE CONDOMINIUM, INC.

FILED			
Mar 03	1998	8:00am	
Secre	tary of	f State	

Principal Place of Business Mailing Address	EN BIBLI (BBI		
Transfer Francisco			
1217 SOMBRERO BLVD. POST OFFICE BOX 504458 3. Date Incorporated or Qualified			
14482 EVERBEAS-186/RNAYP188 14492 EVERBEAS-186/RNAY			
US US 4. FEI Number	oplied For		
VV II OVEOV	ot Applicable		
- 17 A 7 A 1 9, Certificate of Status Desired Li 7****	Additional equired		
Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00			
22 Trust Fund Contribution Added t			
City & State City & State 7. Is this nonprofit corporation a homeowners association and City & State City & S	n?		
20 71 1-100 1100	ton sible		
	iangibie □ No		
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent			
81 Name 1 1 1 1 - P			
CUNNINGHAM, ALBRITTON & BEE, P.A.  B2 Street Address (P.O. Pox Number is Not Acceptable)			
2975 OVERSEAS HIGHWAY ROY2 TO POISE Dr.			
MARATHON FL 33050 PO C L			
84 City FL 85 Zip	529E		
11 Demonstrate the provisions of Spatians 617 0503 and 617 1509 Elevide Statutes, the phone paged corporation submits this statement for the purpose of cherolina is realistant.			
office or registered agonity rooth, 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 familia with, and accept the appointment as registered agent. I am familia with, and accept the appointment as registered agent. I am familia with, and accept the appointment as registered agent.			
X A a 1 1/2 4/1 / / / / / / / / / / / / / / / / /			
SIGNATURE Structure, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent eignature required when reinstating)  DATE			
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR			
TITLE PD DELETE 1.1 TITLE Change	Addition		
NAME MANSELL, PAUL 12 NAME			
STREET ADDRESS POST OFFICE BOX 500923  CITY-SI-ZIP  MARATHON FL  1.3 STREET ADDRESS 1.4 CITY-SI-ZIP  MARATHON FL  1.4 CITY-SI-ZIP  MARATHON FL			
	Addition		
	7.00,000		
NAME MORSE, ROSE  STREET ADDRESS 1217 SOMBRERO BLVD. STE 11 2.3 STREET ADDRESS			
CITY-ST-ZIP MARATHON FL. 2.4 CITY-ST-ZIP			
TITLE DIP DELETE 3.1 TITLE Change	Addition		
NAME CUMMINGS, DONALD 3.2 NAME			
STREET ADDRESS 1217 SOMBRERO BLVD. STE 15 3.3 STREET ADDRESS			
CITY-ST-ZIP MARATHON FL 3.4. CITY-ST-ZIP			
TITLE DIT DELETE 4.1 TITLE Change	Addition		
NAME LÖTT, D. N 4.2 NAME			
STREET ADDRESS 1217 SOMBRERO BLVD. STE 22 4.3 STREET ADDRESS			
CITY-ST-ZIP MARATHON FL 44 CITY-ST-ZIP	Addition		
TITLE D Change	Addition		
NAME MORRIS, KATY 52 NAME			
STREET ADDRESS 1217 SOMBRERO BLVD. STE 36 5.3 STREET ADDRESS			
CITY-ST-ZIP   MARATHON FL	Addition		
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CAPATHON. FL 33050 63 STREET ADDRESS 64 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.

**SIGNATURE:** 

You Cumming

2/2/98 305.743.4899