


FILE NOW: FILING FEE IS \$61.25

FILED  
Jan 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **735945** (8)

1. Corporation Name

**HARBOR ESTATES ASSOCIATES, INC.**



Principal Place of Business <b>500 S.W. HARBOR STREET STUART FL 34997</b>		Mailing Address <b>500 S.W. HARBOR STREET STUART FL 34997</b>		3. Date Incorporated or Qualified <b>05/27/1976</b>	
2. Principal Place of Business <b>21</b> Suite, Apt. #, etc.		2a. Mailing Address <b>26</b> Suite, Apt. #, etc.		4. FEI Number <b>59-2927458</b>	
23 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
25 Country		29 Country		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
26 Country		30 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**HAYMAN, NAOMI  
500 S.W. HARBOR ST.  
STUART FL 34977**

10. Name and Address of New Registered Agent

**81** Name  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**83**  
**84** City **FL** **85** Zip Code

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, typed or printed 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 <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>STEEN, SUSAN</b>		1.2 NAME	
STREET ADDRESS <b>385 SW ST. LUCIE STREET</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>STUART FL</b>		1.4 CITY-ST-ZIP	
TITLE <b>VP</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SMITH, MARVIN</b>		2.2 NAME	
STREET ADDRESS <b>402 SW ST. LUCIE STREET</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>STUART FL</b>		2.4 CITY-ST-ZIP	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SMITH, MARVIN</b>		3.2 NAME	
STREET ADDRESS <b>540 SW HARBOR ST</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>STUART FL</b>		3.4 CITY-ST-ZIP	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ROCHESTER, CAROL</b>		4.2 NAME	
STREET ADDRESS <b>590 SW HARBOR ST</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>STUART FL</b>		4.4 CITY-ST-ZIP	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HAYMAN, NAOMI</b>		5.2 NAME	
STREET ADDRESS <b>500 SW HARBOR ST</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>STUART FL</b>		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.

SIGNATURE:

*Naomi Hayman* **NAOMI HAYMAN REQUIRED**

*1/8/98*

*5612831220*

CH2E037 (10/97)