

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **740479** (1)
1. Corporation Name

HARBOR SOUTH CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 1766 CAPE CORAL PARKWAY, CAPE CORAL FL 33904
Mailing Address: 1766 CAPE CORAL PARKWAY, CAPE CORAL FL 33904

3. Date Incorporated or Qualified: **10/20/1977**
3a. Date of Last Report: **04/26/1995**

2. Principal Place of Business
21 **12661 NEW BRITANNY BLVD**
Suite, Apt. #, etc.

2a. Mailing Address
26 **12661 NEW BRITANNY BLVD**
Suite, Apt. #, etc.

4. FEI Number: **59-1160251**
Applied For:
Not Applicable:

22 City & State: **Ft. MYERS, FL**

27 City & State: **Ft. MYERS, FL**

5. Certificate of Status Desired:
\$8.75 Additional Fee Required

23 Zip: **33907** Country: **U.S.A.**

28 Zip: **33907** Country: **U.S.A.**

6. Election Campaign Financing Trust Fund Contribution:
\$5.00 May Be Added to Fees

24 Zip: **33907** Country: **U.S.A.** 29 Zip: **33907** Country: **U.S.A.** 30 Zip: **33907** Country: **U.S.A.**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
STILPHEN, PETER A
12563 NEW BRITANNY BLVD.
FT. MYERS FL 33907

10. Name and Address of New Registered Agent
81 Name: **STILPHEN, PETER A. TOMARQUIS Mgmt**
82 Street Address (P.O. Box Number is Not Acceptable): **12661 NEW BRITANNY BLVD**
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: *Peter A Stilphen* **PETER A STILPHEN** *3/21/96*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when not statutory.) DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	KAPLAN, ORVILLE	
STREET ADDRESS	1766 CAPE CORAL PKWY #501	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CERTO, JOHN	
STREET ADDRESS	1766 CAPE CORAL PKWY #509	
CITY-ST-ZIP	CAPE CORAL, FL 00000	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HOTWAGNER, AL	
STREET ADDRESS	7017 NORTH RIDGE RD	
CITY-ST-ZIP	LANSING MI	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HODDINOTT, RUTH	
STREET ADDRESS	1766 CAPE CORAL PKWY #510	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ANTON, KOSICEK	
STREET ADDRESS	1766 CAPE CORAL PKWY #605	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	CLARK, EVELYN	
13 STREET ADDRESS	1766 CAPE CORAL PKWY # 305	
14 CITY-ST-ZIP	CAPE CORAL, FL 33904	
21 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	GORRELL, ROBERT	
33 STREET ADDRESS	1766 CAPE CORAL PKWY #107	
34 CITY-ST-ZIP	CAPE CORAL, FL 33904	
41 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *John Certo* **JOHN CERTO** *3/26/96* **945 0415**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)