


FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 27 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 # 740479 (1)**  
1. Corporation Name  
**HARBOR SOUTH CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>4821 CORONADO PARKWAY CAPE CORAL FL 33904 US</b>	Mailing Address <b>P.O. BOX 1282 CAPE CORAL FL 33910 US</b>
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3. Date Incorporated or Qualified <b>10/20/1977</b>	
4. FEI Number <b>59-1160251</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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**

**WASSBERG, CURTIS  
% CORAL CONDO MANAGEMENT, INC.  
4821 CORONADO PARKWAY  
CAPE CORAL FL 33904**

**10. Name and Address of New Registered Agent**

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>85</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CLARK, EVELYN</b>		1.2 NAME
STREET ADDRESS <b>1766 CAPE CORAL PKWY., #305</b>		1.3 STREET ADDRESS
CITY-ST-ZIP <b>CAPE CORAL FL</b>		1.4 CITY-ST-ZIP
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CERTO, JOHN</b>		2.2 NAME
STREET ADDRESS <b>1766 CAPE CORAL PKWY #509</b>		2.3 STREET ADDRESS
CITY-ST-ZIP <b>CAPE CORAL, FL 00000</b>		2.4 CITY-ST-ZIP
TITLE <b>TD</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>SHEEHAN, AGNES</b>		3.2 NAME
STREET ADDRESS <b>1766 CAPE CORAL PKWY., #405</b>		3.3 STREET ADDRESS
CITY-ST-ZIP <b>CAPE CORAL FL</b>		3.4 CITY-ST-ZIP
TITLE <b>SD</b>	<input type="checkbox"/> DELETE	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>KAPLAN, ORVILLE</b>		4.2 NAME
STREET ADDRESS <b>1766 CAPE CORAL PKWY., #501</b>		4.3 STREET ADDRESS
CITY-ST-ZIP <b>CAPE CORAL FL</b>		4.4 CITY-ST-ZIP
TITLE <b>VPD</b>	<input checked="" type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>KOSICEK, TONY</b>		5.2 NAME
STREET ADDRESS <b>1766 CAPE CORAL PKWY., #605</b>		5.3 STREET ADDRESS
CITY-ST-ZIP <b>CAPE CORAL FL</b>		5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

**STD KOUCHOUKOS, ANDREW**  
**1766 Cape Coral Pkwy, #402**  
**Cape Coral, FL 33904**

**VPD Dieterle, John**  
**1766 Cape Coral Pkwy, #206**  
**Cape Coral, FL 33904**

**DARCY, MARY G.**  
**1766 Cape Coral Pkwy, 609**  
**Cape Coral, FL 33904**

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: *Evelyn Clark* **3-28-98**

CP2E037 (10/97)