

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 741741 (3)
1. Corporation Name
HARBOUR 92 CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**200 HARBOR VIEW DRIVE #508
TAVERNIER FL 33070**

Mailing Address
**200 HARBOR VIEW DRIVE #508
TAVERNIER FL 33070**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/26/1978		3a. Date of Last Report 04/26/1995	
21		26		4. FEI Number 59-1864784		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
23		28					
Zip		Country		24		25	
29		30					

9. Name and Address of Current Registered Agent

**BUSCHMAN, WILLIAM
200 HARBOR VIEW DRIVE
PENTHOUSE #3
TAVERNIER FL 33070**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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	VD	1.1 TITLE	PD
NAME	HAYCOX, GEORGE	1.2 NAME	BUSCHMAN, WILLIAM
STREET ADDRESS	200 HARBOR VIEW DR. PH #4	1.3 STREET ADDRESS	200 HARBOR VIEW DR., PH #3
CITY-ST-ZIP	TAVERNIER FL	1.4 CITY-ST-ZIP	TAVERNIER, FL 33070
TITLE	PD	2.1 TITLE	VD
NAME	WHITENOUR, VERNON	2.2 NAME	WICKUS, HAROLD
STREET ADDRESS	200 HARBOR VIEW DR, PH#6	2.3 STREET ADDRESS	N 4434 LAKESHORE DRIVE
CITY-ST-ZIP	TAVERNIER FL	2.4 CITY-ST-ZIP	PRINCETON, WI 54968
TITLE	TD	3.1 TITLE	TD
NAME	ZEHNDER, DONALD	3.2 NAME	PATRICIA HILLIS
STREET ADDRESS	200 HARBOR VIEW DR. #503	3.3 STREET ADDRESS	200 HARBOR VIEW DR., #302
CITY-ST-ZIP	TAVERNIER FL	3.4 CITY-ST-ZIP	TAVERNIER, FL 33070
TITLE	SD	4.1 TITLE	
NAME	HAYES, ANITA	4.2 NAME	
STREET ADDRESS	10563 NW 4 STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	FRANKLIN, BILL	5.2 NAME	
STREET ADDRESS	15305 SW 260TH ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 unchanged, or on an attachment with an address.

SIGNATURE: *Anita Hayes* **ANITA HAYES, SECRETARY** 4/25/96 (954) 472 4594
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)