

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
 CORPORATION
 ANNUAL REPORT
 1996



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

DOCUMENT # 746306 (0)

1. Corporation Name
 THE HARBOUR CIVIC ASSOCIATION, INC.



Principal Place of Business Mailing Address
 11436 PORTSIDE DR JACKSONVILLE FL 32225 US
 11436 PORTSIDE DR JACKSONVILLE FL 32225 US

3. Date Incorporated or Qualified 03/19/1979
 3a. Date of Last Report 03/02/1995

2. Principal Place of Business 2a. Mailing Address
 21 11338 Oak Landing 26 11338 Oak Landing
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Jacksonville, Florida 28 Jacksonville, Florida
 Zip Country Zip Country
 24 32225 25 U.S. 29 32225 30 U.S.

4. FEI Number 59-3072685 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
 DREISTADT, WENDY
 11436 PORTSIDE DR
 JACKSONVILLE FL 32225

10. Name and Address of New Registered Agent
 81 Name BRIGETY, REUBEN
 82 Street Address (P.O. Box Number is Not Acceptable) 11338 Oak Landing
 83
 84 City Jacksonville FL 85 Zip Code 32225

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 Terry E. Johnson Chairman/Director Terry E. Johnson 6/15/96
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when filing) DATE

12. OFFICERS AND DIRECTORS		DELETE
TITLE PD	STROUP, LETRICIA	<input type="checkbox"/>
NAME	11257 PORTSIDE DR	
STREET ADDRESS	JACKSONVILLE FL	
CITY-ST-ZIP		
TITLE VP	PETERSON, DON	<input type="checkbox"/>
NAME	11354 OAK LANDINGS	
STREET ADDRESS	JACKSONVILLE FL	
CITY-ST-ZIP		
TITLE SD	CARANTZ, BETTY	<input type="checkbox"/>
NAME	11423 RIVER KNOLL	
STREET ADDRESS	JACKSONVILLE FL	
CITY-ST-ZIP		
TITLE TD	DREISTADT, WENDY	<input checked="" type="checkbox"/>
NAME	11436 PORTSIDE DR	
STREET ADDRESS	JACKSONVILLE FL	
CITY-ST-ZIP		
TITLE CD	JACKSON, VONNIE	<input checked="" type="checkbox"/>
NAME	11354 HARBOUR WOODS RD SO	
STREET ADDRESS	JACKSONVILLE FL	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	TREASURER	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	BRIGETY, REUBEN		
4.3 STREET ADDRESS	11338 OAK LANDING		
4.4 CITY-ST-ZIP	JACKSONVILLE, FLORIDA 32225		
5.1 TITLE	CD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	TERRY E. JOHNSON		
5.3 STREET ADDRESS	4205 HARBOUR WOODS ROAD WEST		
5.4 CITY-ST-ZIP	JACKSONVILLE, FLORIDA 32225		
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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 if changed, or on an attachment with an address.

SIGNATURE: Terry E. Johnson **SIGNATURE REQUIRED** 6/15/96 (904) 422-7090
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (3/96)