

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 # 747773 (0)
1. Corporation Name
THE HARBOUR CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: **1591 GULF BLVD P.O. BOX 704 CLEARWATER FL 34630**
Mailing Address: **1591 GULF BLVD P.O. BOX 704 CLEARWATER FL 34630**

3. Date incorporated or Qualified: **06/22/1979**
3a. Date of Last Report: **03/27/1995**

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

4. FEI Number: **59-1992412**
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
**PROTONENTIS, KENNETH G E
1591 GULF BLVD
PH 2
CLEARWATER FL 34630**

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 **FL**

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		DELETED
TITLE	D	<input type="checkbox"/> DELETE
NAME	ASCHI, HABIB	
STREET ADDRESS	1581 GULF BLVD. #602	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	ACKMAN, R. JOLENE	
STREET ADDRESS	1519 GULF BLVD. #503	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	FERREE, BARBARA I.	
STREET ADDRESS	1591 GULF BLVD. #305	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOWER, THURSTON	
STREET ADDRESS	1581 GULF BLVD. #403	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	PROTONENTIS, KENNETH G.	
STREET ADDRESS	1591 GULF BLVD #702	
CITY-ST-ZIP	CLEARWATER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGED	ADDED
1.1 TITLE	VD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME	ASCHI, HABIB		
1.3 STREET ADDRESS	1581 Gulf Blvd. #602		
1.4 CITY-ST-ZIP	Clearwater, FL.		
2.1 TITLE	STD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
2.2 NAME	GIERE, THOMAS		
2.3 STREET ADDRESS	1591 Gulf Blvd. #602		
2.4 CITY-ST-ZIP	Clearwater, FL.		
3.1 TITLE	PD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
3.2 NAME	ALLASTER, GEORGE		
3.3 STREET ADDRESS	1591 Gulf Blvd. #605		
3.4 CITY-ST-ZIP	Clearwater, FL.		
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME	PROTONENTIS, KENNETH G.		
5.3 STREET ADDRESS	1591 Gulf Blvd #702		
5.4 CITY-ST-ZIP	Clearwater, FL.		
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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: *[Signature]* **STD.** 3/6/96 (813) 596-1905
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Filing Phone #

CR2E037 (12/95)