


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 02 1998 8:00am
Secretary of State

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

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



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| Principal Place of Business 1591 GULF BLVD CLEARWATER FL 34630 | Mailing Address 103 CLEVELAND AVE. SW LARGO FL 33770 |
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|---|--|
| 3. Date Incorporated or Qualified 06/22/1979 | |
| 4. FEI Number 59-1992412 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No | |

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

9. Name and Address of Current Registered Agent
**RESOURCE PROPERTY MANAGEMENT
103 CLEVELAND AVE. SW
LARGO FL 33770**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE D | BLISS, SKARDON 143 BOSPHOROUS AVE TAMPA FL | <input checked="" type="checkbox"/> DELETE | |
| TITLE PD | ALLASTER, GEORGE 1591 GULF BLVD. #805 CLEARWATER FL | <input type="checkbox"/> DELETE | |
| TITLE VPD | JOHNSON, STUART 1591 GULF BLVD. #302 CLEARWATER FL | <input checked="" type="checkbox"/> DELETE | |
| TITLE TD | GIERE, TOM 1591 GULF BLVD. #802 CLEARWATER FL | <input checked="" type="checkbox"/> DELETE | |
| TITLE SD | HOWER, BARBARA 721 BELTED KINGFISHER DR. PALM HARBOR FL | <input checked="" type="checkbox"/> DELETE | |
| TITLE | | <input type="checkbox"/> DELETE | |

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | D woody West |
| 1.3 STREET ADDRESS | 1581 Gulf Blvd 504N |
| 1.4 CITY-ST-ZIP | Clearwater FL 33767 |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | VPD Harold Fenton |
| 3.3 STREET ADDRESS | 1581 Gulf Blvd #604N |
| 3.4 CITY-ST-ZIP | Clearwater FL 33767 |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | TD Barbara Ferree |
| 4.3 STREET ADDRESS | 1591 Gulf Blvd #305-S |
| 4.4 CITY-ST-ZIP | Clearwater FL 33767 |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | SD MARY Atwater |
| 5.3 STREET ADDRESS | 1591 Gulf Blvd #504-S |
| 5.4 CITY-ST-ZIP | Clearwater FL 33767 |
| 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 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: Harold F. Fenton

CP2E037 (10/97)