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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 747773

1. Corporation Name
THE HARBOUR CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 1591 GULF BLVD CLEARWATER FL 34630	Mailing Address 103 CLEVELAND AVE. SW LARGO FL 33770
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/22/1979
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1992412
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	WEST, WOODY	1.1 TITLE VPD	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS 1581 GULF BLVD 504N	CLEARWATER FL 33767	1.2 NAME Col. Lloyd "Jim" Brown	
CITY-ST-ZIP		1.3 STREET ADDRESS 1581 Gulf Blvd 604S	
TITLE PD	ALLASTER, GEORGE	1.4 CITY-ST-ZIP Clearwater, FL 33767	2.1 TITLE D Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS 1591 GULF BLVD, #605	CLEARWATER FL	2.2 NAME Merricks, Bob	
CITY-ST-ZIP		2.3 STREET ADDRESS 1581 Gulf Blvd 204N	
TITLE VPD	FENTON, HAROLD	2.4 CITY-ST-ZIP Clearwater, FL 33767	3.1 TITLE TD Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS 1581 GULF BLVD #604N	CLEARWATER FL 33767	3.2 NAME	
CITY-ST-ZIP		3.3 STREET ADDRESS	
TITLE PD	FERREE, BARBARA	3.4 CITY-ST-ZIP	4.1 TITLE PD Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS 1591 GULF BLVD #305S	CLEARWATER FL 33767	4.2 NAME	
CITY-ST-ZIP		4.3 STREET ADDRESS	
TITLE SD	ATWATER, MARY	4.4 CITY-ST-ZIP	5.1 TITLE BARCELONA, MARY Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS 1591 GULF BLVD #504S	CLEARWATER FL 33767	5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
TITLE		5.4 CITY-ST-ZIP	6.1 TITLE
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			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, with all other like empowered.

SIGNATURE: Harold W. Fenton Feb 17, 1999 (727)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)