

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 748394 (4)
1. Corporation Name
HARBOUR POINTE OF DELRAY CONDOMINIUM, INC.



Principal Place of Business 501 EAST ATLANTIC AVENUE DELRAY BEACH FL 33483-5323	Mailing Address 501 EAST ATLANTIC AVENUE DELRAY BEACH FL 33483-5323
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3. Date Incorporated or Qualified 08/07/1979	3a. Date of Last Report 01/24/1996
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 65-0027562	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent SPINNER, JOHN W. 501 EAST ATLANTIC AVENUE DELRAY BEACH FL 33483		10. Name and Address of New Registered Agent	
		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	FL 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 PD	NAME GREENE, LINDA	1.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1709 DEL HAVEN DRIVE, UNIT B	CITY-ST-ZIP DELRAY BEACH FL	1.2 NAME	Ette Benault
TITLE	<input checked="" type="checkbox"/> DELETE	1.3 STREET ADDRESS	1705 Del Haven Drive - Unit A
NAME		1.4 CITY-ST-ZIP	Delray Beach, FL 33483
STREET ADDRESS		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		2.2 NAME	Linda Greene
TITLE	<input checked="" type="checkbox"/> DELETE	2.3 STREET ADDRESS	1709 Del Haven Drive - Unit B
NAME		2.4 CITY-ST-ZIP	Delray Beach, FL 33483
STREET ADDRESS		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP		3.2 NAME	Phyllis Spinner
TITLE	<input checked="" type="checkbox"/> DELETE	3.3 STREET ADDRESS	1700 Del Haven Drive
NAME		3.4 CITY-ST-ZIP	Delray Beach, FL 33483
STREET ADDRESS		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		4.2 NAME	John W. Spinner
TITLE	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	1700 Del Haven Drive
NAME		4.4 CITY-ST-ZIP	Delray Beach, FL 33483
STREET ADDRESS		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		5.2 NAME	
TITLE	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
NAME		5.4 CITY-ST-ZIP	
STREET ADDRESS		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		6.2 NAME	
TITLE	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
NAME		6.4 CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

14. I do 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: John W. Spinner (JOHN W. SPINNER) 1/16/97 561-276-2900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0044745

CR2E037 (9/96)