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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

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
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		
TITLE PD	NAME GREENE, LINDA	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 1709 DEL HAVEN DRIVE, UNIT B	CITY - ST - ZIP DELRAY BEACH FL	
TITLE TD	NAME SPINNER, JOHN W	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 1700 DEL HAVEN DR	CITY - ST - ZIP DELRAY BCH, FL 00000	
TITLE SD	NAME CROSSINGHAM, JEAN	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 1704 DEL HAVEN DRIVE	CITY - ST - ZIP DELRAY BEACH FL	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY - ST - ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY - ST - ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Ete Benault	
1.3 STREET ADDRESS	1105 Del Haven Drive - Unit A	
1.4 CITY - ST - ZIP	Delray Beach, FL 33483	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Linda Greene	
2.3 STREET ADDRESS	1709 Del Haven Drive - Unit B	
2.4 CITY - ST - ZIP	Delray Beach, FL 33483	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Phyllis Spinner	
3.3 STREET ADDRESS	1700 Del Haven Drive	
3.4 CITY - ST - ZIP	Delray Beach, FL 33483	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	John W. Spinner	
4.3 STREET ADDRESS	1700 Del Haven Drive	
4.4 CITY - ST - ZIP	Delray Beach, FL 33483	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
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 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)