

FILE NOW: FILING FEE IS \$61.25

FILED  
May 14 1998 8:00am  
Secretary of State

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

**DOCUMENT # 748394 (4)**  
1. Corporation Name  
**HARBOUR POINTE OF DELRAY CONDOMINIUM, INC.**



|   |   |
|---|---|
| Principal Place of Business<br><b>501 EAST ATLANTIC AVENUE<br/>DELRAY BEACH FL 33483-5323</b> | Mailing Address<br><b>501 EAST ATLANTIC AVENUE<br/>DELRAY BEACH FL 33483-5323</b> |
|---|---|

|  |                                       |
|--|---------------------------------------|
| 3. Date Incorporated or Qualified<br><b>08/07/1979</b>   | Applied For<br>Not Applicable         |
| 4. FEI Number<br><b>65-0027562</b>   |                                       |
| 5. Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75 Additional Fee Required</b> |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00 May Be Added to Fees</b>    |
| 7. Is this nonprofit corporation a homeowners association?<br><input type="checkbox"/> Yes <input 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 type="checkbox"/> No |                                       |

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

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 **Patti Hasner**  
82. Street Address (P.O. Box Number is Not Acceptable) **501 E. Atlantic Avenue**  
83. **Delray Beach, Florida 33483**  
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 *Patti Hasner* DATE **4-26-98**

| 12. OFFICERS AND DIRECTORS |                           | DELETED                                    |
|----------------------------|---------------------------|--|
| TITLE                      | PD                        | <input checked="" type="checkbox"/> DELETE |
| NAME                       | PETE DENAULT              |  |
| STREET ADDRESS             | 1705 DEL HAVEN DR. UNIT A |  |
| CITY-ST-ZIP                | DELRAY BEACH FL           |  |
| TITLE                      | VPD                       | <input type="checkbox"/> DELETE            |
| NAME                       | LINDA GREENE              |  |
| STREET ADDRESS             | 1709 DEL HAVEN DR. UNIT B |  |
| CITY-ST-ZIP                | DELRAY BCH, FL 00000      |  |
| TITLE                      | SD                        | <input type="checkbox"/> DELETE            |
| NAME                       | PHYLLIS SPINNER           |  |
| STREET ADDRESS             | 1700 DEL HAVEN DR.        |  |
| CITY-ST-ZIP                | DELRAY BEACH FL           |  |
| TITLE                      | TD                        | <input checked="" type="checkbox"/> DELETE |
| NAME                       | JOHN W. SPINNER           |  |
| STREET ADDRESS             | 1700 DEL HAVEN DR.        |  |
| CITY-ST-ZIP                | DELRAY BCH FL             |  |
| TITLE                      |                           | <input type="checkbox"/> DELETE            |
| NAME                       |                           |  |
| STREET ADDRESS             |                           |  |
| CITY-ST-ZIP                |                           |  |
| TITLE                      |                           | <input type="checkbox"/> DELETE            |
| NAME                       |                           |  |
| STREET ADDRESS             |                           |  |
| CITY-ST-ZIP                |                           |  |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                             | Change                                     | Addition                                     |
|---|-----------------------------|--|--|
| 1.1 TITLE   | PD                          | <input type="checkbox"/> Change            | <input checked="" type="checkbox"/> Addition |
| 1.2 NAME  | Paulette Goldstein          |  |  |
| 1.3 STREET ADDRESS                                    | 1720 Del Haven Drive        |  |  |
| 1.4 CITY-ST-ZIP                                       | Delray Beach, Florida 33483 |  |  |
| 2.1 TITLE   | TD                          | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition            |
| 2.2 NAME  |                             |  |  |
| 2.3 STREET ADDRESS                                    |                             |  |  |
| 2.4 CITY-ST-ZIP                                       |                             |  |  |
| 3.1 TITLE   | VPD                         | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition            |
| 3.2 NAME  |                             |  |  |
| 3.3 STREET ADDRESS                                    |                             |  |  |
| 3.4 CITY-ST-ZIP                                       |                             |  |  |
| 4.1 TITLE   | SD                          | <input type="checkbox"/> Change            | <input checked="" type="checkbox"/> Addition |
| 4.2 NAME  | Dorothy Denault             |  |  |
| 4.3 STREET ADDRESS                                    | 1705 Del Haven Drive        |  |  |
| 4.4 CITY-ST-ZIP                                       | Delray Beach, Florida 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 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: *Phyllis Spinner* 4/29/98

CR2E037 (10/97)