

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

APPROVED  
AND  
FILED

05 MAY -1 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **757616** (8)  
1. Corporation Name  
**HARBOR GREEN CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
2775 N WICKHAM RD.  
NO 301  
MELBOURNE FL 32935  
US

P.O. BOX 410071  
MELBOURNE FL 32941-0071

2. Principal Place of Business 2a. Mailing Address  
21 2775 N. Wickham RD 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 No. 404 27  
City & State City & State  
23 Melbourne, FL 28  
Zip Country Zip Country  
24 32935 25 USA 29 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report  
04/17/1981 02/25/1994

4. FEI Number Applied For  
59-2182572 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 100.022, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
GEORGE, ALICE B.  
2775 N WICKHAM RD.  
NO 301  
MELBOURNE FL 32935

10. Name and Address of New Registered Agent  
81 Name Norbert E. Hellmann  
82 Street Address (P.O. Box Number is Not Acceptable) 2775 N. Wickham RD  
83 No. 404  
84 City Melbourne FL 85 Zip Code 32935

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Norbert E. Hellmann* Norbert E. Hellmann 3/ /95  
Signature, typed or printed name of registered agent and filer if applicable. (NOTE: Registered Agent signature required when registering.) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GEORGE, ALICE B.
STREET ADDRESS	2775 N WICKHAM RD #301-
CITY - ST - ZIP	MELBOURNE FL
TITLE	SD
NAME	GEIGER, JUNE G.
STREET ADDRESS	2775 N WICKHAM RD #204
CITY - ST - ZIP	MELBOURNE FL
TITLE	D
NAME	BROWN, WALLY
STREET ADDRESS	2775 N WICKHAM RD #406
CITY - ST - ZIP	MELBOURNE FL
TITLE	TD
NAME	PETERSEN, BILL
STREET ADDRESS	2775 N WICKHAM RD #303
CITY - ST - ZIP	MELBOURNE FL
TITLE	VD
NAME	ROHMANN, VIRGINIA
STREET ADDRESS	2775 N WICKHAM RD, #405
CITY - ST - ZIP	MELBOURNE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Norbert E. Hellman	
1.3 STREET ADDRESS	2775 N. Wickham RD, No. 404	
1.4 CITY - ST - ZIP	Melbourne, FL 32935	
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		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Helen Dertinger	
5.3 STREET ADDRESS	2775 N. Wickham RD, No. 106	
5.4 CITY - ST - ZIP	Melbourne, FL 32935	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: *Norbert E. Hellmann* Norbert E. Hellmann, President 4/ /95 (407) 259-8861  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Expiration Date