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FILED
May 13 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 # 764343 (0)

1. Corporation Name
MELBOURNE HARBOR PROPERTY OWNERS' ASSOCIATION, I NC.



Principal Place of Business C/O JANICE M. LAPLANTE 2220 S. FRONT ST #303 MELBOURNE FL 32901	Mailing Address C/O JANICE M. LAPLANTE 2220 S. FRONT ST #303 MELBOURNE FL 32901-7378
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3. Date incorporated or Qualified 07/28/1982	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2580028	Applied For Not Applicable
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 checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**OLSEN, LOUIS B
 2220 S FRONT ST
 #302
 MELBOURNE FL 32901**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	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 <input type="checkbox"/> DELETE
NAME	OLSEN, LOUIS B
STREET ADDRESS	2220 S FRONT ST #302
CITY-ST-ZIP	MELBOURNE FL
TITLE	T <input type="checkbox"/> DELETE
NAME	LA PLANTE, JANICE M.
STREET ADDRESS	2220 S FRONT ST #303
CITY-ST-ZIP	MELBOURNE FL
TITLE	VPD <input checked="" type="checkbox"/> DELETE
NAME	BAUR, STEVEN
STREET ADDRESS	2260 FRONT ST #201
CITY-ST-ZIP	MELBOURNE FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	TURNER, GEORGE
STREET ADDRESS	932 S WICKHAM RD SUITE A
CITY-ST-ZIP	W MELBOURNE FL
TITLE	S <input type="checkbox"/> DELETE
NAME	GALLIGAN, JANET
STREET ADDRESS	2220 S FRONT ST #103
CITY-ST-ZIP	MELBOURNE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	GEISER, HERMAN
STREET ADDRESS	100 E OLD COUNTRY RD
CITY-ST-ZIP	MINEOLA NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	2220 Front St #301
1.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Addition
3.2 NAME	D Pierre B Schmitz
3.3 STREET ADDRESS	2260 Front St #403
3.4 CITY-ST-ZIP	Melbourne FL 32901
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	P Frank Billings
4.3 STREET ADDRESS	2220 Front St #203
4.4 CITY-ST-ZIP	Melbourne FL 32901
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)(l), 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: *Janice M LaPlante* **Janice M LaPlante 4/25/95 407-984-9668**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0018443

CP2E037 (9/96)