

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 13 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>C/O JANICE M. LAPLANTE</b> <b>2220 S. FRONT ST #303</b> <b>MELBOURNE FL 32901</b>	Mailing Address <b>C/O JANICE M. LAPLANTE</b> <b>2220 S. FRONT ST #303</b> <b>MELBOURNE FL 32901-7378</b>
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3. Date incorporated or Qualified <b>07/28/1982</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-2580028</b>	Applied For Not Applicable
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>
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. Country
24. Zip	25. Country
29. Zip	30. Country

<b>9. Name and Address of Current Registered Agent</b>  <b>OLSEN, LOUIS B</b> <b>2220 S FRONT ST</b> <b>#302</b> <b>MELBOURNE FL 32901</b>	<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>
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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 <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLSEN, LOUIS B	1.2 NAME	
STREET ADDRESS	2220 S FRONT ST #302	1.3 STREET ADDRESS	2220 Front St #301
CITY-ST-ZIP	MELBOURNE FL	1.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LA PLANTE, JANICE M.	2.2 NAME	
STREET ADDRESS	2220 S FRONT ST #303	2.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	2.4 CITY-ST-ZIP	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAUR, STEVEN	3.2 NAME	Pierre B Schmitz
STREET ADDRESS	2260 FRONT ST #201	3.3 STREET ADDRESS	2260 Front St #403
CITY-ST-ZIP	MELBOURNE FL	3.4 CITY-ST-ZIP	Melbourne FL 32901
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TURNER, GEORGE	4.2 NAME	Frank Billings
STREET ADDRESS	932 S WICKHAM RD SUITE A	4.3 STREET ADDRESS	2220 Front St #203
CITY-ST-ZIP	W MELBOURNE FL	4.4 CITY-ST-ZIP	Melbourne FL 32901
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLIGAN, JANET	5.2 NAME	
STREET ADDRESS	2220 S FRONT ST #103	5.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEISER, HERMAN	6.2 NAME	
STREET ADDRESS	100 E OLD COUNTRY RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	MINEOLA NY	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)