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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 764343

1. Corporation Name
MELBOURNE HARBOR PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business C/O BILLINGS, FRANK 2220 FRONT ST. #203 MELBOURNE FL 32901 US	Mailing Address C/O LAPLANTE, JANICE M 1876 S FISKE BLVD ROCKLEDGE FL 32901 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date incorporated or Qualified 07/28/1982
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2580028
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 84 City 85 Zip Code FL
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE T/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME OLSEN, LOUIS B		1.2 NAME	
STREET ADDRESS 2220 FRONT ST., #301		1.3 STREET ADDRESS	
CITY-ST-ZIP MELBOURNE FL		1.4 CITY-ST-ZIP	
TITLE T	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LA PLANTE, JANICE M.		2.2 NAME	
STREET ADDRESS 1876 S FISKE BLVD		2.3 STREET ADDRESS	
CITY-ST-ZIP ROCKLEDGE FL 32955		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHMITZ, PIERRE B		3.2 NAME	
STREET ADDRESS 2280 FRONT ST., #403		3.3 STREET ADDRESS	
CITY-ST-ZIP MELBOURNE FL		3.4 CITY-ST-ZIP	
TITLE P	<input type="checkbox"/> DELETE	4.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BILLINGS, FRANK		4.2 NAME	
STREET ADDRESS 2220 FRONT ST., #203		4.3 STREET ADDRESS	
CITY-ST-ZIP W MELBOURNE FL		4.4 CITY-ST-ZIP	
TITLE S	<input checked="" 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 V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CHART HOUSE, C/O STEELE V		6.2 NAME	
STREET ADDRESS 325 5TH AVE, #204 P.O. BOX 033108		6.3 STREET ADDRESS	
CITY-ST-ZIP INDIALANTIC FL 32903		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 addressee, with all other like empowered.

SIGNATURE: _____ DATE: 03-12-99 DAYTIME PHONE #: 407-676-6863

CR2E037 (11/98)