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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 767530

1. Corporation Name

HARBOR PINES OWNERS ASSOCIATION, INC.

Principal Place of Business

700 N. WICKHAM ROAD SUITE 209 MELBOURNE FL 32935

Mailing Address

700 N. WICKHAM ROAD SUITE 209 MELBOURNE FL 32935



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25 26 Mailing Address 27 Suite, Apt. #, etc. 28 City & State 29 Zip 30 Country 3. Date Incorporated or Qualified 03/17/1983 4. FEI Number 59-2365639 Applied For 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

9. Name and Address of Current Registered Agent COLKER, MICHAEL 700 N. WICKHAM ROAD SUITE 201 MELBOURNE FL 32935 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD	NAME COLKER, MICHAEL	DELETED	1.1 TITLE	Change	Addition
STREET ADDRESS 700 N. WICKHAM ROAD, SUITE 201			1.2 NAME		
CITY-ST-ZIP MELBOURNE FL 32935			1.3 STREET ADDRESS		
TITLE VPD	NAME AUTREY, VERONICA	DELETED	1.4 CITY-ST-ZIP		
STREET ADDRESS 700 N. WICKAM ROAD, SUITE 204			2.1 TITLE	Change	Addition
CITY-ST-ZIP MELBOURNE FL 32935			2.2 NAME		
TITLE SD	NAME ALLEN, WAYNE	DELETED	2.3 STREET ADDRESS		
STREET ADDRESS 700 N. WICKAM ROAD, SUITE 106			2.4 CITY-ST-ZIP		
CITY-ST-ZIP MELBOURNE FL 32935			3.1 TITLE	Change	Addition
TITLE TD	NAME STITZEL, ROBERT	DELETED	3.2 NAME		
STREET ADDRESS 700 N. WICKHAM ROAD, SUITE 209			3.3 STREET ADDRESS		
CITY-ST-ZIP MELBOURNE FL 32935			3.4 CITY-ST-ZIP		
TITLE	NAME	DELETED	4.1 TITLE	Change	Addition
STREET ADDRESS			4.2 NAME		
CITY-ST-ZIP			4.3 STREET ADDRESS		
TITLE	NAME	DELETED	4.4 CITY-ST-ZIP		
STREET ADDRESS			5.1 TITLE	Change	Addition
CITY-ST-ZIP			5.2 NAME		
TITLE	NAME	DELETED	5.3 STREET ADDRESS		
STREET ADDRESS			5.4 CITY-ST-ZIP		
CITY-ST-ZIP			6.1 TITLE	Change	Addition
TITLE	NAME	DELETED	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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, with all other like empowered.

SIGNATURE: Robert E. Stitzel 1/13/99 407-254-8454

CR2E037 (11/98)