

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N05290 (4)
 1. Corporation Name
HARBORTOWN VILLAGE PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business %C. GUY BATSEL 1881 PLACIDA RD., STE 104 ENGLEWOOD FL 34223	Mailing Address 7092 PLACIDA RD C/O TIM FITZSIMMONS CAPE HAZE FL 33946 US
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3. Date Incorporated or Qualified 09/21/1984	3a. Date of Last Report 05/01/1995
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-2507779	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30

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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**PIERCE, ROBERT L
7092 PLACIDA RD
SUITE 1724
CAPE HAZE FL 33946**

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: *Robert L. Pierce* **4/20/96**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HUMMON, JOHN	
STREET ADDRESS	P O BOX 330 N/A	
CITY-ST-ZIP	PLACIDA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LYNCH, TERRY	
STREET ADDRESS	7090 PLACIDA RD	
CITY-ST-ZIP	CAPE HAZE FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	O'BRIEN, JUDY	
STREET ADDRESS	P O BOX 441 N/A	
CITY-ST-ZIP	CAPE HAZE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BECKSTEAD, DEAN	
STREET ADDRESS	7092 PLACIDA RD	
CITY-ST-ZIP	CAPE HAZE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D TERRY LYNCH
2.3 STREET ADDRESS	7090 PLACIDA ROAD
2.4 CITY-ST-ZIP	CAPE HAZE, FL 33946
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JUDY O'BRIEN
3.3 STREET ADDRESS	PO BOX 441
3.4 CITY-ST-ZIP	CAPE HAZE, FL 33946
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	TOM VANDEN BOSCH
4.3 STREET ADDRESS	7070 PLACIDA ROAD #1122
4.4 CITY-ST-ZIP	CAPE HAZE, FL 33946
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	

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cc

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 119.07(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: *Robert L. Pierce* **4/20/96** **941 697-1970**
 Signature and typed or printed name of signing officer or director. Date Daytime Phone #

CR2E037 (12/95)