


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.26).

FILED
 Aug 12 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 # N05290 (4)
 1. Corporation Name
HARBORTOWN VILLAGE PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business %C. GUY BATSEL 1861 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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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/21/1984	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2507779	Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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
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 checked="" 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 HAZEL FL 33946	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	O'BRIEN, JUDY	
STREET ADDRESS	P O BOX 441 N/A	
CITY-ST-ZIP	CAPE HAZEL FL 33946	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BECKSTEAD, DEAN	
STREET ADDRESS	7092 PLACIDA RD	
CITY-ST-ZIP	CAPE HAZE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BOSCH, TOM V	
STREET ADDRESS	7070 PLACIDA ROAD, #1122	
CITY-ST-ZIP	CAPE HAZEL FL 33946	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	WAYNE AUSTIN	
1.3 STREET ADDRESS	PO BOX 441	
1.4 CITY-ST-ZIP	CAPE HAZE, FL 33946	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DICK WEAVER	
2.3 STREET ADDRESS	1714 BOARDMAN - POLAND RD, SUITE 10	
2.4 CITY-ST-ZIP	POLAND, OH 44614	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TERRY LYNCH	
3.3 STREET ADDRESS	7090 PLACIDA RD	
3.4 CITY-ST-ZIP	CAPE HAZE, FL 33946	
4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	HUGH CROSWELL	
4.3 STREET ADDRESS	7711 AUBURN AVE	
4.4 CITY-ST-ZIP	UTICA, MI 48317	
5.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	LIZ HAMILTON	
5.3 STREET ADDRESS	7070 PLACIDA RD #1122	
5.4 CITY-ST-ZIP	CAPE HAZE, FL 33946	
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)(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.

SIGNATURE _____ SIGNATURE REQUIRED *08/05/97*

CR2E037 (4/97)