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**Mar 08, 1999 8:00 am**  
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03-08-1999 90005 036 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N05290

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

09/21/1984

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

4. FEI Number

59-2507779

Applied For

Not Applicable

23. City & State

27. City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24. Zip

25. Country

29. Zip

30. Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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

Wayne F. Austin

Wayne F. Austin President

2-22-99

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  DELETE  
 NAME AUSTIN, WAYNE  
 STREET ADDRESS P O BOX 441  
 CITY-ST-ZIP CAPE HAZE FL

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

TITLE D  DELETE  
 NAME LYNCH, TERRY  
 STREET ADDRESS 7090 PLACIDA RD  
 CITY-ST-ZIP CAPE HAZE FL

2.1 TITLE  Change  Addition  
 2.2 NAME D Inarid Kozak  
 2.3 STREET ADDRESS P O Box 729  
 2.4 CITY-ST-ZIP Nokomis, FL 34274

TITLE VD  DELETE  
 NAME WEAVER, DICK  
 STREET ADDRESS 1714 BORROMAN - POLAND RD, SUITE 10  
 CITY-ST-ZIP POLAND OH

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE D  DELETE  
 NAME BECKSTEAD, DEAN  
 STREET ADDRESS 7092 PLACIDA RD  
 CITY-ST-ZIP CAPE HAZE FL

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE TD  DELETE  
 NAME CRESWELL, HUGH  
 STREET ADDRESS 7711 AUBURN AVE  
 CITY-ST-ZIP UTICA MI

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE SD  DELETE  
 NAME HAMILTON, LIZ  
 STREET ADDRESS 7070 PLACIDA RD #1223  
 CITY-ST-ZIP CAPE HAZE FL

6.1 TITLE  Change  Addition  
 6.2 NAME S Peter Hoyerkamp  
 6.3 STREET ADDRESS 1970 n. Lake Eloise RR  
 6.4 CITY-ST-ZIP Winter Haven, FL 33884

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: Wayne F. Austin President

2-22-99 (941) 697-4023

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)