

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 20 PM 2:17

DOCUMENT # **N15267 (0)**

1. Corporation Name

**HARBOR SHORES CONDOMINIUM UNIT OWNERS ASSOCIATION, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
6800 MALONEY AVE OFFICE KEY WEST FL 33040 US		6800 MALONEY AVE OFFICE KEY WEST FL 33040 US	
21. Principal Place of Business	22. Suite, Apt. #, etc.	26. Mailing Address	27. Suite, Apt. #, etc.
23. City & State	24. Zip	28. City & State	29. Zip
	25. Country		30. Country

3. Date Incorporated or Qualified <b>06/04/1986</b>	3a. Date of Last Report <b>03/25/1994</b>
4. FEI Number <b>59-2587307</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75 Supplemental Fee Not Required</b>
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				10. Name and Address of New Registered Agent			
<b>ADAMS, LLOYD G</b> <b>6800 MALONEY AVE</b> <b>LOT 103</b> <b>KEY WEST FL 33040</b>				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City	<b>FL</b>	85. Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: *Lloyd Adams* (NOTE: Registered Agent signature required when reappointing) DATE: *3/14/95*

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>P</b>	1.1 TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	<b>HOPKINS, WILLIAM H</b>	1.2 NAME	<b>WARD BARSTOW</b>				
STREET ADDRESS	<b>6800 A.PMEU AVE #48</b>	1.3 STREET ADDRESS	<b>6800 MALONEY AVE LOT 43</b>				
CITY-ST-ZIP	<b>KEY WEST FL 33040</b>	1.4 CITY-ST-ZIP	<b>KEY WEST, FL 33040</b>				
TITLE	<b>D</b>	2.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	<b>SHAW, RAY</b>	2.2 NAME	<b>SHAW, ROBERT</b>				
STREET ADDRESS	<b>6800 MALONEY AVE LOT 2</b>	2.3 STREET ADDRESS	<b>6800 MALONEY LOT 2</b>				
CITY-ST-ZIP	<b>KEY WEST FL</b>	2.4 CITY-ST-ZIP	<b>KEY WEST, FL 33040</b>				
TITLE	<b>D</b>	3.1 TITLE	<b>T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	<b>DRACHE, DON</b>	3.2 NAME	<b>KURT HEITER</b>				
STREET ADDRESS	<b>6800 MALONEY AVE #27</b>	3.3 STREET ADDRESS	<b>6800 MALONEY AVE LOT 101</b>				
CITY-ST-ZIP	<b>KEY WEST FL 33040</b>	3.4 CITY-ST-ZIP	<b>KEY WEST, FL 33040</b>				
TITLE	<b>D</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	<b>ADAMS, LLOYD</b>	4.2 NAME					
STREET ADDRESS	<b>6800 MALONEY AVE #103</b>	4.3 STREET ADDRESS					
CITY-ST-ZIP	<b>KEY WEST FL</b>	4.4 CITY-ST-ZIP					
TITLE	<b>D</b>	5.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	<b>JONES, TIM</b>	5.2 NAME	<b>MOBLEY DAN</b>				
STREET ADDRESS	<b>6800 MALONEY AVE #41</b>	5.3 STREET ADDRESS	<b>6800 MALONEY AVE APT 35</b>				
CITY-ST-ZIP	<b>KEY WEST FL</b>	5.4 CITY-ST-ZIP	<b>KEY WEST, FL 33040</b>				
TITLE	<b>D</b>	6.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	<b>HEITER, KURT</b>	6.2 NAME	<b>PHILIP VITALE</b>				
STREET ADDRESS	<b>6800 MALONEY AVE #101</b>	6.3 STREET ADDRESS	<b>6800 MALONEY AVE LOT 105</b>				
CITY-ST-ZIP	<b>KEY WEST FL 33040</b>	6.4 CITY-ST-ZIP	<b>KEY WEST, FL 33040</b>				

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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Kurt Heiter* **KURT HEITER** *1/30/95* **305-296-5771**  
(Name) (Date) (Phone)