

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

DOCUMENT # N15267 (0)

1. Corporation Name
HARBOR SHORES CONDOMINIUM UNIT OWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
6800 MALONEY AVE OFFICE KEY WEST FL 33040 US

3. Date Incorporated or Qualified **06/04/1986** 3a. Date of Last Report **03/20/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2587307	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
23	28		
Zip	Country		
24	25		
	29		
	30		

9. Name and Address of Current Registered Agent

**ADAMS, LLOYD G
6800 MALONEY AVE
LOT 103
KEY WEST FL 33040**

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: Lloyd Adams LLOYD ADAMS April 8, 1996
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	P <input type="checkbox"/> DELETE	1.1 TITLE	D/p <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARSTOW, WARD	1.2 NAME	
STREET ADDRESS	6800 MALONEY AVENUE, LOT 43	1.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHAW, RAY	2.2 NAME	Robbie Shaw
STREET ADDRESS	6800 MALONEY AVE LOT 2	2.3 STREET ADDRESS	6800 Maloney Ave. Lot 7
CITY-ST-ZIP	KEY WEST FL	2.4 CITY-ST-ZIP	Key West, FL
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEITER, KURT	3.2 NAME	Myrna Braunagel
STREET ADDRESS	6800 MALONEY AVENUE, LOT 101	3.3 STREET ADDRESS	6800 Maloney Ave. Lot 10
CITY-ST-ZIP	KEY WEST FL	3.4 CITY-ST-ZIP	Key West, FL
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, LLOYD	4.2 NAME	
STREET ADDRESS	6800 MALONEY AVE #103	4.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOBLEY, DAN	5.2 NAME	Ken Bockhaut
STREET ADDRESS	6800 MALONEY AVENUE, LOT 35	5.3 STREET ADDRESS	6800 Maloney Ave. Lot 27
CITY-ST-ZIP	KEY WEST FL	5.4 CITY-ST-ZIP	Key West, FL
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VITALE, PHILIP	6.2 NAME	James Lang
STREET ADDRESS	6800 MALONEY AVENUE, LOT 105	6.3 STREET ADDRESS	6800 Maloney Ave. Lot 49
CITY-ST-ZIP	KEY WEST FL	6.4 CITY-ST-ZIP	Key West, FL

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: Kurt Heiter KURT HEITER April 8, 1996 305-296-5771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)