


FILE NOW: FILING FEE IS \$61.25

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**Feb 03 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N15267 (0)
1. Corporation Name
HARBOR SHORES CONDOMINIUM UNIT OWNERS ASSOCIATION, INC.



Principal Place of Business 6800 MALONEY AVE OFFICE KEY WEST FL 33040 US	Mailing Address 6800 MALONEY AVE OFFICE KEY WEST FL 33040 US
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3. Date Incorporated or Qualified
06/04/1986

4. FEI Number
59-2587307

Applied For	
Not Applicable	

2. Principal Place of Business
21
Suite, Apt. #, etc.

2a. Mailing Address
26
Suite, Apt. #, etc.

22
City & State

27
City & State

23
Zip

25
Country

29
Zip

30
Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**HEITER, KURT
6800 MALONEY AVE
LOT 101
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 Kurt Heiter **KURT HEITER - TREAS** 1-13-98
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	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input 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	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VITALE, PHILIP	2.2 NAME	LLOYD ADAMS
STREET ADDRESS	6800 MALONEY AVE, LOT 105	2.3 STREET ADDRESS	6800 MALONEY AVE, LOT 103
CITY-ST-ZIP	KEY WEST FL	2.4 CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSTA, EDITH	3.2 NAME	
STREET ADDRESS	6800 MALONEY AVE, LOT 106	3.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	B <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, LLOYD	4.2 NAME	RALPH BRAVO
STREET ADDRESS	6800 MALONEY AVE #103	4.3 STREET ADDRESS	6800 MALONEY AVE LOT 27
CITY-ST-ZIP	KEY WEST FL	4.4 CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOCKHAUT, KEN	5.2 NAME	ELOY LOPEZ
STREET ADDRESS	6800 MALONEY AVE, LOT 39	5.3 STREET ADDRESS	1508 FLAGLER AVE
CITY-ST-ZIP	KEY WEST FL	5.4 CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES LANG	6.2 NAME	
STREET ADDRESS	6800 MALONEY AVE. LOT 49	6.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL	6.4 CITY-ST-ZIP	

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.

SIGNATURE: Kurt Heiter **KURT HEITER - TREAS** 1-13-98 305-296-5771

CFR2E037 (10/97)