


FILE NOW: FILING FEE IS \$61.25

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Apr 02, 1999 8:00 am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # N15267

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

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| 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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|--------------------------------------|---------------------------|---|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 3. Date Incorporated or Qualified 06/04/1986 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 4. FEI Number 59-2587307 |
| City & State 23 | City & State 28 | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| Zip 24 | Country 25 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

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| 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 <u>Kurt Heiter</u> 82 Street Address (P.O. Box Number is Not Acceptable) <u>6800 Maloney Ave</u> 83 <u>OFFICE</u> 84 City <u>Key West</u> FL 85 Zip Code <u>33040</u> |
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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: [Signature] KURT HEITER DATE: 3/29/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|---|--|
| TITLE DP | <input checked="" 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 type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME ADAMS, LLOYD | | 2.2 NAME | <u>Secretary/Treas.</u> |
| STREET ADDRESS 6800 MALONEY AVE, LOT 103 | | 2.3 STREET ADDRESS | <u>Terri Bailey</u> |
| CITY-ST-ZIP KEY WEST FL 33040 | | 2.4 CITY-ST-ZIP | <u>6800 Maloney Ave L38</u> |
| TITLE D | <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME COSTA, EDITH | | 3.2 NAME | <u>Director</u> |
| STREET ADDRESS 6800 MALONEY AVE, LOT 106 | | 3.3 STREET ADDRESS | <u>Dom Santana</u> |
| CITY-ST-ZIP KEY WEST FL | | 3.4 CITY-ST-ZIP | <u>6800 Maloney Ave L52</u> |
| TITLE D | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME BRAVO, RALPH | | 4.2 NAME | <u>Director</u> |
| STREET ADDRESS 6800 MALONEY AVE, LOT 27 | | 4.3 STREET ADDRESS | <u>Eloy Lopez</u> |
| CITY-ST-ZIP KEY WEST FL 33040 | | 4.4 CITY-ST-ZIP | <u>1508 Flagler Ave</u> |
| TITLE D | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME BOCKHAUT, KEN | | 5.2 NAME | |
| STREET ADDRESS 6800 MALONEY AVE, LOT 39 | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP KEY WEST FL | | 5.4 CITY-ST-ZIP | |
| 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, with all other like empowered.

SIGNATURE: [Signature] Terri Bailey DATE: 3/25/99 (305) 294-6130

Signature and typed or printed name of signing officer or director. Date Daytime Phone #

CR2E037 (11/98)