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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N16863

(5)

HARBOUR TOWNE VILLAGE HOMEOWNERS' ASSOCIATION, I

NC.												
Prir	ncipal Place	e of Busines	s	Mailing	Mailing Address				r HAMILLIAN BAN HANG OLIDA SANDA MIND	O FARY WINDIN O	4 (1 6 (6 1) 4 (6 1) 4 (1	THE MEMBER HOME
6516 HARBOUR BLVD PANAMA CITY BCH. FL 32407				POST OFFICE BOX 18041 PANAMA CITY BEACH FL 32417-8041 US								
				•					3. Date Incorporated or Qualified 09/18/1986	3a. (Date of Last R 05/01/199	eport 6
_	Principal Pl	ace of Busin	ness	├ ──┐	iling Address		,		4. FEI Number NOT APPLICABLE	·	}	oplied For
21	Suite, Apt.	# elc		26 Suit	te, Apt. #, etc.				NOT ALL DADEE			ot Applicable Additional
22	'			27					5. Certificate of Status Desired			equired
	City & State	9		City	& State				6. Election Campaign Financing		\$5.00	May Be
23				28	····		_		Trust Fund Contribution			to Fees
$\overline{}$	Zıp		Country 25	Zıp		Coun	itry		This corporation has liability for Florida Statutes	r intangib Yes		. 199.032,
24	····	9, Name	and Address of Curren		d Agent	1301			10. Name and Address of New			
					····· - T	[1	B1	Name				
WESTMORELAND, BABARA						i i	62	Street A	Address (P.O. Box Number is Not Accept	able)		
6506 HARBOUR BLVD.						ļ.	-		· · · · · · · · · · · · · · · · · · ·			
	PANAMA	CITY BCH	. FL 32407			[B3					
						7	84	City		F	85 Zip	Code
11.	. Pursuant t	to the provis	ions of Sections 617.050	2 and 617.1	508, Florida Statu	utes, the ab	ove	-named (corporation submits this statement for the oration's board of directors. I hereby acc			ts registered
	office or re agent I a	egistered aç m familiar w	jont, or both, in the State ith, and accept the obliga	of Florida. S ations of, Se	luch change was ction 617.0503, F	authorized Iorida Statu	by ites.	the corp	oration's board of directors. I hereby acc	ept the ap	ppointment as	registered
SIC	SNATURE _		,									
12.		Signature, Typed	or portled name of registered age	nt and title if app	licable. (NC	TE: Registered	Ager	nt signature i	required when reinslating) ADDITIONS/CHANGES TO OF	DATE	ND DIRECTOR	RS IN 12
Tite		PD	OT TOLTO AIN	DITEOROI	DELETE	1.1 [1]	LE		PRESIDENT	TOETTO 7 W	Change	Addition
NAN	AE	GILLAND	, MARK			1.2 NAI	ME		MOSLEY, ERNIE		·	
STR	EET ADDRESS		RBOUR BLVD.			1.3 STF	EET	ADDRESS	6536 HARBOUR DLVO	.	_	
	Y-ST-71F		CITY BEACH FL 324	07	1 00.000	1.4 CIT		r-zip	PANAMA CITY BEACH FL	3 2407		The same
I INTL		S	NO AMO DADDADA		☐ DELETE	21 717		}			Change	Addition
NAM	VE ÉET ADORESS)rland, barbara Rbour Blvd.			2.2 NAI		ADDRESS				
1	Y-ST-ZIP		CITY BEACH FL 324	07		2. 4 CI		· · · · · · · · · · · · · · · · · · ·				
TITL		D			DELETE	3.1 TIT			VICE PRESIDENT		☐ Change	Addition
NAM	AF	TINSLEY	•			3.2 NA	ME	Ì	TINSLEY, JAMES 1314 HARBOUR WAY PANAMA CITY BEACH, FL			
STR	EET ADDRESS	1	RBOUR WAY			3.3 STF	REET	ADDRESS	1514 MARDONIL WILL	3240	7	
	Y - ST - ZIP		CITY BEACH FL 324	07	X DELETE	3.4. CI		T-ZIP	PANAMA CITY BETCH, FL	J	Change	Addition
TITL		D Darling	CREG		TVI DECEIE	4.1 TETI 4. 2 NA		:	DEALY HOLLY		Change	MODITION
1	reet address		RBOUR BLVD.						1 AA1 \A111 A\A1188 AVA	٠.	- 4/4-	
l	Y-ST-ZIP		CITY BEACH FL 324	07		4.4 CłT		T-ZIP	PANAMA CITY DEATH,	FL 3	140/	
TITE		D			DELETE	5.1 TIT	LE		DIACCONS		Change	Addition
NAP			AY, BETTY			5.2 NA	•		PANELLA, JACKIE 6639 HARDOUR BLVD			
1	REFT ADDRESS		RBOUR BLVD.	07					PANAMA CITY BEACH, FL	32	407	
CIT!	Y-\$1-ZIP	PANAMA D	CITY BEACH FL 324	U/	DELETE	5.4 CIT 6.1 TIT		T-ZIP	Frinchit City County		Change	Addition
NAJ	'	, -	S, MARVIN		F- Serent	62 NA		}			the Charge	- natural
1	HEET ADDRESS		RBOUR BLVD					ADDRESS				
1			CITY DEACH EL 204	07								

14. I do 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 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:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/97

Daytime Phone #0009680

FILED

Mar 03 1997 8:00am

Secretary of State