

FILE NOW: FILING FEE IS \$61.25

FILED

**Mar 06 1998 8:00am
Secretary of State**

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # N16863 (5)

1. Corporation Name
HARBOUR TOWNE VILLAGE HOMEOWNERS' ASSOCIATION, I NC.

| | |
|---|---|
| Principal Place of Business 6516 HARBOUR BLVD PANAMA CITY BCH. FL 32407 | Mailing Address POST OFFICE BOX 18041 PANAMA CITY BEACH FL 32417 US |
|---|---|

3. Date Incorporated or Qualified
09/18/1986

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 24 Zip | 29 Zip |
| 25 Country | 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

**WESTMORELAND, BABARA
6506 HARBOUR BLVD.
PANAMA CITY BCH. FL 32407**

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 _____ (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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MOSLEY, ERNIE | 1.2 NAME | |
| STREET ADDRESS | 6536 HARBOUR BLVD | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | PANAMA CITY BEACH FL | 1.4 CITY-ST-ZIP | |
| TITLE | S <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WESTMORLAND, BARBARA | 2.2 NAME | |
| STREET ADDRESS | 6506 HARBOUR BLVD. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | PANAMA CITY BEACH FL 32407 | 2.4 CITY-ST-ZIP | |
| TITLE | VP <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TINSLEY, JAMES | 3.2 NAME | PATRICK SAMMON |
| STREET ADDRESS | 1314 HARBOUR WAY | 3.3 STREET ADDRESS | 1311 HARBOUR WAY |
| CITY-ST-ZIP | PANAMA CITY BEACH FL | 3.4 CITY-ST-ZIP | PANAMA CITY BEACH FL 32407 |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BEREY, HOLLY | 4.2 NAME | |
| STREET ADDRESS | 1008 WILWOOD RD | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | PANAMA CITY BEACH FL | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PANELLA, JACKIE | 5.2 NAME | |
| STREET ADDRESS | 6639 HARBOUR BLVD | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | PANAMA CITY BEACH FL | 5.4 CITY-ST-ZIP | |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 6.1 TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DANIELS, MARVIN | 6.2 NAME | BARBARA JO RAMEY |
| STREET ADDRESS | 6574 HARBOUR BLVD | 6.3 STREET ADDRESS | 6633 HARBOUR BOULEVARD |
| CITY-ST-ZIP | PANAMA CITY BEACH FL 32407 | 6.4 CITY-ST-ZIP | PANAMA CITY BEACH FL 32407 |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Barbara Jo Ramey* 2-28-98 850-230-9003

CP2E037 (10/97)