

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90002 032 ****61.25

0010166

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N16863

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/18/1986	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		NOT APPLICABLE	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		30	
Country		Country		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WESTMORELAND, BABARA 6506 HARBOUR BLVD. PANAMA CITY BCH. FL 32407				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	Mosley, Ernie
STREET ADDRESS	6536 HARBOUR BLVD	1.3 STREET ADDRESS	6536 Harbour Blvd
CITY-ST-ZIP	PANAMA CITY BEACH FL	1.4 CITY-ST-ZIP	Panama City, FL 32407
TITLE	S <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WESTMORLAND, BARBARA	2.2 NAME	Nancy Bomia
STREET ADDRESS	6506 HARBOUR BLVD.	2.3 STREET ADDRESS	6548 Harbour Blvd
CITY-ST-ZIP	PANAMA CITY BEACH FL 32407	2.4 CITY-ST-ZIP	Panama City, FL 32407
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAMMON, PATRICK	3.2 NAME	Tom McGehee
STREET ADDRESS	1311 BARBOUR WAY	3.3 STREET ADDRESS	6591 Harbour Blvd
CITY-ST-ZIP	PANAMA CITY BEACH FL 32407	3.4 CITY-ST-ZIP	Panama City, FL 32407
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEREY, HOLLY	4.2 NAME	Marian Lark
STREET ADDRESS	1006 WILWOOD RD	4.3 STREET ADDRESS	6549 Harbour Blvd
CITY-ST-ZIP	PANAMA CITY BEACH FL	4.4 CITY-ST-ZIP	Panama City, FL 32407
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PANELLA, JACKIE	5.2 NAME	John Mc Atee
STREET ADDRESS	6639 HARBOUR BLVD	5.3 STREET ADDRESS	6540 Harbour Blvd
CITY-ST-ZIP	PANAMA CITY BEACH FL	5.4 CITY-ST-ZIP	Panama City, FL 32407
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAMEY, BARBARA JO	6.2 NAME	Scott Murray
STREET ADDRESS	6633 HARBOUR WAY	6.3 STREET ADDRESS	1610 Wildwood Rd
CITY-ST-ZIP	PANAMA CITY BEACH FL 32407	6.4 CITY-ST-ZIP	Panama City, 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)(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 REQUIRED _____ 3/29/99 236-9614
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CRZE037 (11/98)