FILE NOW: FILING FEE IS $61.25

FILED
May 19 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 # N34861 (7)

1. Corporation Name

HARBOUR ESTATES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% REX P. COWAN 505 AVENUE A. N.W., SUITE 200 WINTER HAVEN FL 33881	% REX P. COWAN 505 AVENUE A. N.W., SUITE 200 WINTER HAVEN FL 33881

3. Date Incorporated or Qualified: 10/23/1989

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

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

COWAN, REX P.
505 AVENUE A., N.W.
SUITE 200
WINTER HAVEN FL 33881

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 _____ DATE
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	D RPC	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CRABILL, ROGER D.		1.2 NAME		
STREET ADDRESS	6 LAKE ELOISE LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL 33884		1.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DURHAM, JIM R.		2.2 NAME		
STREET ADDRESS	10 LAKE ELOISE LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL 33884		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WUNSCH, RUDOLF G.		3.2 NAME		
STREET ADDRESS	25 LAKE ELOISE LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL 33884		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	COWAN, REX P.		4.2 NAME		
STREET ADDRESS	46 LAKE ELOISE LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL 33884		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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: [signature] resubmitted 5 May 1998 RPC 14 April 1998 941-324-1876