

FILE NOW: FILING FEE IS \$61.25

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Feb 04 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N94000002132 (8)**  
1. Corporation Name  
**HARBOUR POINTE ASSOCIATION OF PENSACOLA, INC.**



Principal Place of Business <b>125 SOUTH ALCANIZ ST. PENSACOLA FL 32501</b>	Mailing Address <b>125 SOUTH ALCANIZ ST. PENSACOLA FL 32501-6004</b>
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3. Date Incorporated or Qualified <b>04/25/1994</b>	3a. Date of Last Report <b>03/04/1996</b>
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2. Principal Place of Business <b>21 4060 Barrancas Avenue</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26 4060 Barrancas Avenue</b> Suite, Apt. #, etc.
22 City & State <b>23 Pensacola, Florida</b>	27 City & State <b>28 Pensacola, Florida</b>
24 Zip <b>32507</b>	25 Country
29 Zip <b>32507</b>	30 Country

4. FEI Number <b>59-3251635</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**  
**CARR, JOHN S  
JOHN S. CARR & ASSOCIATES  
125 S. ALCANIZ ST.  
PENSACOLA FL 32501**

**10. Name and Address of New Registered Agent**

81 Name <b>Marilyn W. Hess</b>
82 Street Address (P.O. Box Number Is Not Acceptable) <b>4060 Barrancas Avenue</b>
83
84 City <b>Pensacola</b>
85 Zip Code <b>FL 32507</b>

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: *Marilyn Hess* DATE: **1/17/97**  
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	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARR, JOHN S</b>	1.2 NAME	
STREET ADDRESS	<b>125 S. ALCANIZ ST.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PENSACOLA FL 32501</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WOODBURY, MARILYN</b>	2.2 NAME	<b>Hess, Marilyn</b>
STREET ADDRESS	<b>4060 BARRANCAS AVE</b>	2.3 STREET ADDRESS	<b>4060 Barrancas Avenue</b>
CITY-ST-ZIP	<b>PENSACOLA FL 32507</b>	2.4 CITY-ST-ZIP	<b>Pensacola, FL 32507</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHADBOURNE, EDWARD M JR.</b>	3.2 NAME	
STREET ADDRESS	<b>4375 MCCOY DR.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PENSACOLA FL 32503</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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 REQUIRED** DATE: **1/17/97** (904) 456-7401  
Signature and typed or printed name of signing officer or director Day Daytime Phone # 0072362

CR2E037 (9/96)