

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

97 JUL -3 PM 12:41

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # *N95000001577*
 1. Corporation Name
Old Harbor Place Homeowners Association, Inc.

Principal Place of Business Mailing Address
University Properties, Inc.
824 East Fletcher Avenue
Tampa, FL 33612

REINSTATEMENT *96-97*

21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Country
25	Country	30	Zip

3.	Date Incorporated or Qualified	3a.	Date of Last Report
	<i>3-30-95</i>		<i>1996</i>
4.	FEI Number	Applied For	
	<i>58-2281440</i>	<input type="checkbox"/> Not Applicable	
5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
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
Tracy J. Robin, Esq.
Akerman, Senterfitt & Eidson, P.A.
100 S. Ashley Drive, Suite 1500
Tampa, FL 33602

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 *Tracy Robin* DATE *7-24-97*
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	President/Director	<input type="checkbox"/> DELETE
NAME	D. Scott Ross	
STREET ADDRESS	260 Franklin Street, Suite 1840	
CITY-ST-ZIP	Boston, MA 02110	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	Dave Provost	
STREET ADDRESS	<i>260 Franklin St</i>	
CITY-ST-ZIP	<i>Boston, MA 02110</i>	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	Peter Nowak	
STREET ADDRESS	<i>260 Franklin St</i>	
CITY-ST-ZIP	<i>Boston, MA 02110</i>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	800002234018--8
2.3 STREET ADDRESS	-07/09/97--01091--003
2.4 CITY-ST-ZIP	*****61.25 *****61.25
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	800002234018--8
3.3 STREET ADDRESS	-07/09/97--01091--004
3.4 CITY-ST-ZIP	****175.00 ****175.00
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	800002234018--8
4.3 STREET ADDRESS	-07/09/97--01091--005
4.4 CITY-ST-ZIP	*****61.25 *****61.25
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *D. Scott Ross* Date: *8/24/97* Daytime Phone #: *617-439-9077*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CF2E037 (9/96)