

FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # N19629 (7)
1. Corporation Name
GRAND HARBOR COMMUNITY ASSOCIATION, INC.

Principal Place of Business

4820 20TH AVENUE
VERO BEACH FL 32967

Mailing Address

4820 20TH AVENUE
VERO BEACH FL 32967-15113. Date Incorporated or Qualified
03/11/19873a. Date of Last Report
04/16/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

25 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

65-0028386

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HEBERLING, LYNN M.
4820 20TH AVENUE
VERO BEACH FL 32967

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 provisions of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME D'HAESELEER, RONALD V.
STREET ADDRESS 4820 20TH AVENUE
CITY-ST-ZIP VERO BEACH FL 32967TITLE DV
NAME TAYLOR, ELBRIDGE M III
STREET ADDRESS 4820 20TH AVE
CITY-ST-ZIP VERO BCH FLTITLE DST
NAME BYRNE SUE
STREET ADDRESS 4820 20TH AVENUE
CITY-ST-ZIP VERO BEACH FLTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
M
Lynn Heberling
4820 20th Avenue
Vero Beach, FL 329672.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE
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: *Lynn M. Heberling*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/97

Date

561 778-5943

Daytime Phone # 0021004

CR2E037 (9/96)