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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 749126

1. Corporation Name

HARBOUR HILL CLUB CONDOMINIUM, INC.

Principal Place of Business

6619 S DIXIE HWY
MIAMI FL 33143
US

Mailing Address

6619 S DIXIE HWY
MIAMI FL 33143
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
09/28/1979

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-1951162

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORWIN, PAULINE C/O CM
6619 S DIXIE HWY #377
STE 1102
MIAMI FL 33143

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

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

T
NAME KAISER, CATHERINE
STREET ADDRESS 2539 S BAYSHORE DR #310
CITY-ST-ZIP COCONUT GROVE FL
☒ DELETE

1.1 TITLE VICE PRESIDENT ☐ Change ☒ Addition
1.2 NAME HURRIE, CAROL
1.3 STREET ADDRESS 2539 S Bayshore Dr., #114
1.4 CITY-ST-ZIP MIAMI, FL 33133

VPD
NAME STEMPLES, JON
STREET ADDRESS 2539 S BAYSHORE DR PH4
CITY-ST-ZIP COCONUT GROVE FL 33133
☒ DELETE

2.1 TITLE DIRECTOR ☐ Change ☒ Addition
2.2 NAME EVANS, ROBERT A.
2.3 STREET ADDRESS 2539 S BAYSHORE DR., #315
2.4 CITY-ST-ZIP MIAMI, FL 33133

S
NAME EVANS, ANN
STREET ADDRESS 2539 S BAYSHORE DR #116
CITY-ST-ZIP COCONUT GROVE FL
☐ DELETE

3.1 TITLE TREASURER ☒ Change ☐ Addition
3.2 NAME Stemples, Jon
3.3 STREET ADDRESS 2539 S Bayshore Dr., PH4
3.4 CITY-ST-ZIP Miami, FL 33133

PD
NAME MOFFETT, SHARON LEU
STREET ADDRESS 2539 S BAYSHORE DR # 110
CITY-ST-ZIP COCONUT GROVE FL 33133
☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ DELETE

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ DELETE

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/99 305/857-9254
Date Daytime Phone

CR2E037 (1/198)