

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Mar 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **655825** (8)
1. Corporation Name
HARBOUR BAY CONDOMINIUM, INC.

Principal Place of Business 10281 EAST BAY HARBOR ISLAND DR. BAY HARBOR ISLAND FL 33154	Mailing Address 10281 EAST BAY HARBOR ISLAND DR. BAY HARBOR ISLAND FL 33154
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 02/13/1980	
25		30		4. FEI Number 59-2020995	
25		30		Applied For Not Applicable	
25		30		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SCHANERMAN, SYLVIA 10281 E BAY HRBR DR BAY HRBR ISLS, FL 33154		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	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHANERMAN, SYLVIA	1.2 NAME	
STREET ADDRESS	10281 E. BAY HARBOR DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BAY HARBOR ISLAND FL	1.4 CITY-ST-ZIP	
TITLE	DP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLACKO, ADAM	2.2 NAME	
STREET ADDRESS	10281 E. BAY HARBOR DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BAY HARBOR ISLAND FL	2.4 CITY-ST-ZIP	
TITLE	VPD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEERTSMA, GARY	3.2 NAME	
STREET ADDRESS	10281 E BAY HARBOR DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BAY HARBOR IS. FL	3.4 CITY-ST-ZIP	
TITLE		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		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		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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: 
SYLVIA SCHANERMAN OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date **2/17/98** Daytime Phone # **0215372**

CR2E034 (10/97)