

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 702164 (5) 1. Corporation Name HARBOUR HEIGHTS CIVIC ASSOCIATION, INC.					
Principal Place of Business 2530 HARBOR DRIVE HARBOUR HEIGHTS FL 33983-3155			Mailing Address 2530 HARBOR DRIVE HARBOUR HEIGHTS FL 33983-3155		
2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified 03/17/1961	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 06-0154551	
22 City & State		27 City & State		Applied For Not Applicable	
23 Zip		28 Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
24		25		29	
26		27		30	
9. Name and Address of Current Registered Agent SEVIGNY, ARTHUR 27385 VOYAGEUR DR. HARBOUR HEIGHTS FL 33983			10. Name and Address of New Registered Agent		
81 Name			82 Street Address (P.O. Box Number is Not Acceptable)		
83			84 City		
85 Zip Code			FL		
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					
1.1 TITLE					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE					
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4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE					
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.

SIGNATURE: *Arthur M. Seigny* REQUIRED Jan 9, 1998 941-627-0187

CR2E037 (10/97)