FILE NOW: FILING FEE IS $61.25~

NONPROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
Mar 01, 1999 8:00 am
Secretary of State
03-01-1999 90066 018 ****61.25

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DOCUMENT # 702164

1. Corporation Name

HARBOUR HEIGHTS CIVIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2530 HARBOR DRIVE HARBOUR HEIGHTS FL 33983-3155	2530 HARBOR DRIVE HARBOUR HEIGHTS FL 33983-3155

2. Principal Place of Business
21

Suite, Apt. #, etc.
22

City & State
23

Zip 24 Country 25

2a. Mailing Address
26

Suite, Apt. #, etc.
27

City & State
28

Zip 29 Country 30

3. Date Incorporated or Qualifed
03/17/1961

4. FEI Number
06-0154551
☐ Applied For
☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 **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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MCCLELLAND, BARBARA		1.2 NAME	
STREET ADDRESS	3091 CATALINA CT		1.3 STREET ADDRESS	
CITY-ST-ZIP	HARBOUR HEIGHTS FL		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BENINATI, DOMINIC		2.2 NAME	
STREET ADDRESS	3018 PEACE RIVER DR		2.3 STREET ADDRESS	
CITY-ST-ZIP	HARBOUR HEIGHTS FL		2. 4 CITY-ST-ZIP	
TITLE	VP	☒ DELETE	3.1 TITLE	☐ Change ☒ Addition
NAME	PARADISO, MARIO		3.2 NAME	D VP Hayes, Joan
STREET ADDRESS	3306 DAYTONA DR		3.3 STREET ADDRESS	3022 Broadpoint Dr.
CITY-ST-ZIP	HARBOUR HEIGHTS FL		3.4 CITY-ST-ZIP	Harbour Heights, FL 33983
TITLE	T	☒ DELETE	4.1 TITLE	☐ Change ☒ Addition
NAME	NEWMAN, BARBARA		4. 2 NAME	T Staudmyer, Melbourne
STREET ADDRESS	2240 HARBOUR DR		4.3 STREET ADDRESS	3145 Peace River Dr.
CITY-ST-ZIP	HARBOUR HEIGHTS FL		4.4 CITY-ST-ZIP	Harbour Heights, FL 33983
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	SEVIGNY, ARTHUR		5.2 NAME	
STREET ADDRESS	27385 VOYAGEUR DR.		5.3 STREET ADDRESS	
CITY-ST-ZIP	HARBOUR HEIGHTS FL		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	IRWIN, JACK		6.2 NAME	
STREET ADDRESS	3608 PEACE RIVER DR		6.3 STREET ADDRESS	
CITY-ST-ZIP	HARBOUR HEIGHTS FL		6.4 CITY-ST-ZIP	

CR2E037 (11/98)

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: [illegible] SIGNATURE REQUIRED Jan 7, 99 941-627-0787
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #