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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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ANNUAL REPORT
1995

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 707265 (5)

1. Corporation Name

DEL HARBOUR CONDOMINIUM INC

Principal Place of Business	Mailing Address
1820 SOUTH OCEAN BOULEVARD DELRAY BEACH FL 33483	1820 SOUTH OCEAN BOULEVARD DELRAY BEACH FL 33483

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/11/1964
3a. Date of Last Report: 04/22/1994
4. FEI Number: 59-1092571 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

~~ALBRIGHT,FRANCES~~ ALFONS P. LORBER
1820 SO OCEAN BLVD
DELRAY BCH FL 33483

10. Name and Address of New Registered Agent

81 Name: ALFONS P. LORBER
82 Street Address (P.O. Box Number is Not Acceptable): 1820 S. OCEAN BLVD
83 DELRAY BEACH
84 City FLORIDA 85 Zip Code FL 33483

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: [signature] - TREASURER 04-11-95
(Signature, type 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	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	~~PATTERSON, GARDNER~~ SELDOMRIDGE, J.	1.2 NAME		
STREET ADDRESS	1820 S OCEAN BLVD	1.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH, FL 00000	1.4 CITY-ST-ZIP		
TITLE	TD	2.1 TITLE		☐ Change ☐ Addition
NAME	LORBER, ALFONS P.	2.2 NAME		
STREET ADDRESS	1820 S OCEAN BLVD	2.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH, FL 00000	2.4 CITY-ST-ZIP		
TITLE	VD	3.1 TITLE		☐ Change ☐ Addition
NAME	FALLAR, STASIA	3.2 NAME		
STREET ADDRESS	1820 S OCEAN BLVD	3.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH, FL 00000	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	~~RENNIE, GELENE M.~~ PATTERSON, GARDNER	4.2 NAME		
STREET ADDRESS	1820 S OCEAN BLVD	4.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH, FL 00000	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	~~SELDOMRIDGE, J A~~ FLANAGAN, R.W.	5.2 NAME		
STREET ADDRESS	1820 SO OCEAN BLVD	5.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature] - TREASURER 04-11-95 407-243-0884
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0013310