


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 16 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 # 707464 (4) 1. Corporation Name HARBOUR EAST ASSOCIATION INC					
Principal Place of Business 701 NE LAKEVIEW TERR BOCA RATON FL 33431 US			Mailing Address 701 NE LAKEVIEW TERR BOCA RATON FL 33431 US		
2. Principal Place of Business 21 Suite, Apt. #, etc 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 06/19/1964 4. FEI Number 23-7075583 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 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 MCELROY, AGNES L. 701 NE LAKEVIEW TERRACE BOCA RATON FL 33431				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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE		PD		<input type="checkbox"/> DELETE	
NAME		VEDER, BOB			
STREET ADDRESS		700 N.E. HARBOUR TERRACE, #131			
CITY-ST-ZIP		BOCA RATON FL			
TITLE		VPD		<input checked="" type="checkbox"/> DELETE	
NAME		CUMMINGS, FRAN			
STREET ADDRESS		711 N.E. HARBOUR TERRACE, #302			
CITY-ST-ZIP		BOCA RATON FL			
TITLE		TO		<input type="checkbox"/> DELETE	
NAME		MCELROY, AGNES I			
STREET ADDRESS		701 LAKEVIEW TERRACE			
CITY-ST-ZIP		BOCA RATON FL 33431			
TITLE		SD		<input type="checkbox"/> DELETE	
NAME		YANICK, TERRY			
STREET ADDRESS		700 N.E. HARBOUR TERRACE, #133			
CITY-ST-ZIP		BOCA RATON FL			
TITLE				<input type="checkbox"/> DELETE	
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE				<input type="checkbox"/> DELETE	
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE		VPD		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME		ALICE GRIDLEY			
2.3 STREET ADDRESS		788 NE Marine Drive			
2.4 CITY-ST-ZIP		Boca Raton FL 33431			
3.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> 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.					
SIGNATURE: _____ 2-10-98 561-995-6781					

CR2E037 (10/97)