

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 90080 031 \*\*\*\*61.25

0043283

**DOCUMENT # 707464**

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 **788 NE MARINE DR**

Suite, Apt. #, etc.

22

City & State

23 **BOCA RATON FL**

Zip

24 **33431**

Country

2a. Mailing Address

26 **788 NE MARINE DR**

Suite, Apt. #, etc.

27

City & State

28 **BOCA RATON FL**

Zip

29 **33431**

Country

30

3. Date Incorporated or Qualified

**06/19/1964**

4. FEI Number

**23-7075583**

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

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

**ALICE GRIDLEY**

82 Street Address (P.O. Box Number is Not Acceptable)

**788 NE MARINE DR**

83

84 City

**BOCA RATON**

**FL**

85 Zip Code

**33431**

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

*Alice Gridley*

**ALICE GRIDLEY TREASURER**

**1-26-99**

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 ☐ DELETE

NAME **PD**  
**VEDER, BOB**  
STREET ADDRESS **700 N.E. HARBOUR TERRACE, #131**  
CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ DELETE

NAME **VPD**  
**ALICE GRIDLEY**  
STREET ADDRESS **788 NE MARINE DR.**  
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE ☒ DELETE

NAME **TD**  
**MCELROY, AGNES I**  
STREET ADDRESS **701 LAKEVIEW TERRACE**  
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE ☒ DELETE

NAME **SD**  
**YANICK, TERRY**  
STREET ADDRESS **700 N.E. HARBOUR TERRACE, #133**  
CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

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

**TD**

☒ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**VPD**

**ARLENE KLAASEN**

**661 NE BROADVIEW DR**

**BOCA RATON FL 33431**

☐ Change ☒ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

**SD**

**FRAN CUMMINGS**

**711 HARBOUR TER. # 302**

**BOCA RATON FL 33431**

☐ Change ☒ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

**D**

**ENID KUPERMAN**

**777 NE MARINE DR**

**BOCA RATON FL 33431**

☐ Change ☒ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

*Alice Gridley*

**1-26-99 (561) 338-5142**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)