


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 716533 (5)
1. Corporation Name
HARBOR HOUSE WEST, INC.



Principal Place of Business 226 GOLDEN GATE POINT SARASOTA FL 34236	Mailing Address 226 GOLDEN GATE POINT SARASOTA FL 34236
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3. Date Incorporated or Qualified
05/13/1969

4. FEI Number 59-1296039	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

**SHEETS, JANE
226 GOLDEN GATE POINT
SUITE 33
SARASOTA FL 34236**

10. Name and Address of New Registered Agent

81 Name LOGR CLARE
82 Street Address (P.O. Box Number is Not Acceptable) 226 GOLDEN GATE POINT
83 SUITE 71
84 City SARASOTA
85 Zip Code FL 34236

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 Clare Logr **3/15/98**
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	NAME MILLER, CHESTER	<input type="checkbox"/> DELETE
STREET ADDRESS 226 GOLDEN GATE POINT	CITY-ST-ZIP SARASOTA FL 34236	
TITLE TD	NAME SHEETS, JANE	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 226 GOLDEN GATE POINT	CITY-ST-ZIP SARASOTA FL	
TITLE VD	NAME DYKSTRA, DAVID	<input type="checkbox"/> DELETE
STREET ADDRESS 226 GOLDEN GATE POINT	CITY-ST-ZIP SARASOTA FL	
TITLE SD	NAME BRUMMER, LYDIA	<input type="checkbox"/> DELETE
STREET ADDRESS 226 GOLDEN GATE PT.	CITY-ST-ZIP SARASOTA FL	
TITLE 	NAME 	<input type="checkbox"/> DELETE
STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 	<input type="checkbox"/> DELETE
STREET ADDRESS 	CITY-ST-ZIP 	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME DAVID PICONE	
1.3 STREET ADDRESS 226 GOLDEN GATE POINT	
1.4 CITY-ST-ZIP SARASOTA FL 34236	
2.1 TITLE TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME CLARE LOGR	
2.3 STREET ADDRESS 226 GOLDEN GATE POINT	
2.4 CITY-ST-ZIP SARASOTA, FL 34236	
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: Clare Logr **3/15/98 944-362-9799**

CFR2E037 (10/97)