FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 726490 (6)

1. Corporation Name

HARBOUR CAY CONDOMINIUM, INC.

Principal Place of Business	Mailing Address
12734 KENWOOD LANE 32 FT.MYERS FL 33907 US	12734 KENWOOD LANE 32 FT MYERS FL 33907 US

3. Date Incorporated or Qualified: 05/24/1973
3a. Date of Last Report: 05/01/1995

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

4. FEI Number: 59-1654142 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

~~GELLES, ROBERT E~~
~~12734 KENWOOD LANE #32~~
~~C/O MICHAEL FLEMING & ASSOCIATES~~
~~FT.MYERS FL 33907~~

10. Name and Address of New Registered Agent

81 Name: Michael Fleming & Associates, Inc
82 Street Address (P.O. Box Number is Not Acceptable): 12734 Kenwood Ln #32
83
84 City: Ft Myers FL 85 Zip Code: 33907

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: MICHAEL FLEMING — 4/15/96
Signature, typed 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	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HARVEY, MICHAEL		1.2 NAME		
STREET ADDRESS	5862 WHITING COURT		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT.MYERS FL		1.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	2.1 TITLE	Esther Harvey S	☐ Change ☒ Addition
NAME	~~NIEVES, MICHAEL~~		2.2 NAME		
STREET ADDRESS	5844 HRBOUR CLUB RD		2.3 STREET ADDRESS	5862 whiting Ct	
CITY-ST-ZIP	FT.MYERS FL		2.4 CITY-ST-ZIP	Ft Myers fl 33917	
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ARCENEAUX, JANET		3.2 NAME		
STREET ADDRESS	5860 WHITING CT		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT.MYERS FL		3.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	4.1 TITLE	Kathy Logan D	☐ Change ☒ Addition
NAME	~~GANNON, URSULA~~		4.2 NAME		
STREET ADDRESS	1051 WYOMI DR.		4.3 STREET ADDRESS	4786 Harbour Cay Blvd	
CITY-ST-ZIP	FT.MYERS FL		4.4 CITY-ST-ZIP	Ft Myers fl 33919	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	POWERS, KATHLEEN		5.2 NAME		
STREET ADDRESS	5854 WHITING CT		5.3 STREET ADDRESS		
CITY-ST-ZIP	FT.MYERS FL		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE	Morten Sateh. D	☐ Change ☒ Addition
NAME	~~BRANNON, SANDY~~		6.2 NAME	4786 Harbor Cay Blvd	
STREET ADDRESS	4811 BLUEFISH CT		6.3 STREET ADDRESS	Ft Myers fl 33919	
CITY-ST-ZIP	FT.MYERS FL		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: Kathleen Powers — Kathleen Powers — 4/15/96 — 941 9397516
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)