

FILE NOW: FILING FEE IS \$61.25

FILED

May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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 12734 KENWOOD LANE 32 FT. MYERS FL 33907 US		Mailing Address 12734 KENWOOD LANE 32 FT MYERS FL 33907-5634 US	



C/O Marquis Management, Inc. 12661 New Brittany Blvd. Fort Myers, Fl. 33907
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3. Date Incorporated or Qualified 05/24/1973	3a. Date of Last Report 05/01/1996
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	

24	25	29	30
9. Name and Address of Current Registered Agent			
MICHAEL FLEMING & ASSOC. INC. 12734 KENWOOD LN 32 FT MYERS FL 33907			
10. Name and Address of Non-Resident Agent			
Stilphen, Peter Marquis Management, Inc. 12661 New Brittany Blvd. Fort Myers, Fl. 33907			
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 *Peter Stilphen* **PETER STILPHEN** *1/20/97*
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	<i>Brennan, Sandy DV</i> ☐ Change ☐ Addition
NAME	HARVEY, MICHAEL	1.2 NAME	4811 BLUE FISH #252
STREET ADDRESS	5862 WHITING COURT	1.3 STREET ADDRESS	FT. MYERS, FL 33919
CITY-ST-ZIP	FT. MYERS FL	1.4 CITY-ST-ZIP	
TITLE	S ☐ DELETE	2.1 TITLE	<i>Rogers, Mary D</i> ☐ Change ☐ Addition
NAME	HARVEY-ESTHER	2.2 NAME	4814 BLUE FISH #249
STREET ADDRESS	5867 WHITING CT	2.3 STREET ADDRESS	FT. MYERS, FL 33919
CITY-ST-ZIP	FT MYERS FL	2.4 CITY-ST-ZIP	
TITLE	SD ☐ DELETE	3.1 TITLE	<i>Craig, Christine D</i> ☐ Change ☐ Addition
NAME	ARCENEUX, JANET	3.2 NAME	4787 GROUPER CT #234
STREET ADDRESS	5860 WHITING CT	3.3 STREET ADDRESS	FT. MYERS, FL 33919
CITY-ST-ZIP	FT. MYERS FL	3.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	<i>Sullivan, Michael DS</i> ☐ Change ☐ Addition
NAME	LOGAN KATHY	4.2 NAME	4809 BLUE FISH CT #253
STREET ADDRESS	4786 HARBOUR CAY BLVD	4.3 STREET ADDRESS	FT. MYERS, FL 33919
CITY-ST-ZIP	FT MYERS FL	4.4 CITY-ST-ZIP	
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	<i>Bolles, Patrick DT</i> ☐ Change ☒ Addition
NAME	MOSHEN SALEH	6.2 NAME	5835 WHITING CT #256
STREET ADDRESS	4786 HARBOR CAY BLVD	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 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: *[Signature]* **4/29/97** **941 935 7576**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)