

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAR 27 AM 10:46

DOCUMENT # **732464** (3)

1. Corporation Name  
**HARBOUR HOUSE CONDOMINIUM, INC.**

Principal Place of Business      Mailing Address  
**% THE ACCOUNTING HOUSE**      **% THE ACCOUNTING HOUSE**  
**11400 OVERSEAS HIGHWAY #108**      **11400 OVERSEAS HIGHWAY #108**  
**MARATHON FL 33050**      **MARATHON FL 33050**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified      3a. Date of Last Report  
**04/15/1975**      **02/15/1994**

4. FEI Number      Applied For  
**59-1706286**       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**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status       **\$68.75 Supplemental Fee Not Required**

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

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

9. Name and Address of Current Registered Agent  
**CUNNINGHAM, ALBRITTON & BEE, P.A.**  
**2975 OVERSEAS HIGHWAY**  
**MARATHON FL 33050**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City      85. Zip Code  
**FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature, typed or printed name of registered agent and title of appointment)      (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS	
TITLE	V
NAME	LOTT, NORMAN
STREET ADDRESS	1217 SOMBRERO BLVD., #22
CITY ST ZIP	MARATHON FL
TITLE	T
NAME	CROCKER, SHIRLEY
STREET ADDRESS	1217 SOMBRERO BLVD. #25
CITY ST ZIP	MARATHON FL
TITLE	V
NAME	BAHR, THOMAS
STREET ADDRESS	1217 SOMBRERO BLVD. #16
CITY ST ZIP	MARATHON FL
TITLE	P
NAME	BERK, NAOMI
STREET ADDRESS	1217 SOMBRERO BLVD, #13
CITY ST ZIP	MARATHON FL
TITLE	S
NAME	WILLIAMS, TRISH
STREET ADDRESS	1217 SOMBRERO BLVD., #28
CITY ST ZIP	MARATHON FL
TITLE	V
NAME	BILLHIMERM SKIP
STREET ADDRESS	1217 SOMBRERO BLVD., #32
CITY ST ZIP	MARATHON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	MANSELL, PAUL
13 STREET ADDRESS	1217 Sombrero Blvd. #14
14 CITY ST ZIP	Marathon, FL 33050
21 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	LOTT, NORMAN
23 STREET ADDRESS	1217 Sombrero Blvd., #22
24 CITY ST ZIP	Marathon, FL 33050
31 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	MORSE, WILLIAM
33 STREET ADDRESS	1217 SOMBRERO BLVD. #11
34 CITY ST ZIP	MARATHON, FL 33050
41 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	BERK, NAOMI
43 STREET ADDRESS	1217 SOMBRERO BLVD. #13
44 CITY ST ZIP	MARATHON, FL 33050
51 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	ZIMMERMAN, JAMES
53 STREET ADDRESS	1217 SOMBRERO BLVD. #12
54 CITY ST ZIP	MARATHON, FL 33050
61 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	BILLHIMERM, SKIP
63 STREET ADDRESS	1217 SOMBRERO BLVD. #32
64 CITY ST ZIP	MARATHON, FL 33050

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 017, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *P. L. Mansell Jr.*      2/17/95      DATE  
SIGNATURE AND TYPED OR PRINTED NAME OF BINDING OFFICER OR DIRECTOR