

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

500001756145
-03/25/96--01071--024
***61.25



DOCUMENT # **732464** (3)

1. Corporation Name
HARBOUR HOUSE CONDOMINIUM, INC.

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

3. Date Incorporated or Qualified **04/15/1975** 3a. Date of Last Report **03/27/1995**

2. Principal Place of Business 2a. Mailing Address

4. FEI Number **59-1706286** Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 City & State 27 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 Zip Country 28 Zip Country

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
CUNNINGHAM, ALBRITTON & BEE, P.A.
2975 OVERSEAS HIGHWAY
MARATHON FL 33050

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VP & D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOTT, NORMAN	1.2 NAME	CROCKER, RALPH SR.
STREET ADDRESS	1217 SOMBRERO BLVD., #22	1.3 STREET ADDRESS	1217 SOMBRERO BLVD. #25
CITY-ST-ZIP	MARATHON FL	1.4 CITY-ST-ZIP	MARATHON, FL 33050
TITLE	P <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP & D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANSELL, PAUL	2.2 NAME	MARKLE, FRANKLIN JR.
STREET ADDRESS	1217 SOMBRERO BLVD #14	2.3 STREET ADDRESS	1217 SOMBRERO BLVD. #23
CITY-ST-ZIP	MARATHON FL	2.4 CITY-ST-ZIP	MARATHON, FL 33050
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VP & D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORSE, WILLIAM	3.2 NAME	IVESTER, ALAN J.
STREET ADDRESS	1217 SOMBRERO BLVD #11	3.3 STREET ADDRESS	1217 SOMBRERO BLVD.#31
CITY-ST-ZIP	MARATHON FL	3.4 CITY-ST-ZIP	MARATHON, FL 33050
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	P & T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERK, NAOMI	4.2 NAME	BERK, NAOMI
STREET ADDRESS	1217 SOMBRERO BLVD, #13	4.3 STREET ADDRESS	1217 SOMBRERO BLVD. #13
CITY-ST-ZIP	MARATHON FL	4.4 CITY-ST-ZIP	MARATHON, FL 33050
TITLE	S <input checked="" type="checkbox"/> DELETE	5.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZIMMERMAN, JAMES	5.2 NAME	SCHNEIDER, PHILIP C. JR.
STREET ADDRESS	1217 SOMBRERO BLVD #12	5.3 STREET ADDRESS	1217 SOMBRERO BLVD. #21
CITY-ST-ZIP	MARATHON FL	5.4 CITY-ST-ZIP	MARATHON, FL 33050
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BILLHIMER SKIP	6.2 NAME	BILLHIMER, SKIP
STREET ADDRESS	1217 SOMBRERO BLVD., #32	6.3 STREET ADDRESS	1217 SOMBRERO BLVD. #32
CITY-ST-ZIP	MARATHON FL	6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Naomi Berk NAOMI BERK 2/7/96 (305)743-9213
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)