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Mar 06 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 # 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
% THE ACCOUNTING HOUSE 11400 OVERSEAS HIGHWAY #108 MARATHON FL 33050-3600

3. Date Incorporated or Qualified 04/15/1975
3a. Date of Last Report 03/25/1996

2. Principal Place of Business 21 1217 Sombbrero Blvd
2a. Mailing Address 26 PO Box 50448

4. FEI Number 59-1706286
Applied For Not Applicable

Suite, Apt. #, etc. 22
Suite, Apt. #, etc. 27

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

City & State 23 Marathon, FL
City & State 28 Marathon, FL

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

Zip 24 33050 Country 25 Monroe
Zip 29 33050 Country 30 Monroe

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

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 FL 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: _____
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	VPD	<input checked="" type="checkbox"/> DELETE
NAME	CROCKER, RALPH SR	
STREET ADDRESS	1217 SOMBRERO BLVD., #25	
CITY-ST-ZIP	MARATHON FL 33050	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	FRANKLIN, MARKLE JR	
STREET ADDRESS	1217 SOMBRERO BLVD #23	
CITY-ST-ZIP	MARATHON FL 33050	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	NESTER, ALAN J	
STREET ADDRESS	1217 SOMBRERO BLVD #31	
CITY-ST-ZIP	MARATHON FL 33050	
TITLE	PT	<input checked="" type="checkbox"/> DELETE
NAME	BERK, NAOMI	
STREET ADDRESS	1217 SOMBRERO BLVD, #13	
CITY-ST-ZIP	MARATHON FL 33050	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	SCHNEIDER, PHILIP C JR	
STREET ADDRESS	1217 SOMBRERO BLVD #21	
CITY-ST-ZIP	MARATHON FL 33050	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BILLHIMER, SKIP	
STREET ADDRESS	1217 SOMBRERO BLVD., #32	
CITY-ST-ZIP	MARATHON FL 33050	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	P.D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Paul Mansell	
1.3 STREET ADDRESS	PO Box 500923 / 1217 Sombbrero Blvd #14	
1.4 CITY-ST-ZIP	Marathon, FL 33050	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Rose Morse	
2.3 STREET ADDRESS	1217 Sombbrero Blvd #11	
2.4 CITY-ST-ZIP	Marathon, FL 33050	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Donald Cummins	
3.3 STREET ADDRESS	1217 Sombbrero Blvd #15	
3.4 CITY-ST-ZIP	Marathon, FL 33050	
4.1 TITLE	D. Norman Lott	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	1217 Sombbrero Blvd #22	
4.3 STREET ADDRESS	Marathon, FL 33050	
4.4 CITY-ST-ZIP		
5.1 TITLE	D. Kelly Morris	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	1217 Sombbrero Blvd #36	
5.3 STREET ADDRESS	Marathon, FL 33050	
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 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, changed, or on an attachment with an address.

SIGNATURE: Paul Mansell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 2/10/97 Daytime Phone # 305.742.4849 0024801

CR2E037 (9/96)