

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 30 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
----------------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

DOCUMENT # **734168** (8)

1. Corporation Name

**HARBOR BRANCH INSTITUTION, INC.**

Principal Place of Business

5600 US 1 N  
FT. PIERCE FL 34946  
US

Mailing Address

5600 US 1 NORTH  
FT. PIERCE FL 34946  
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

HERMAN, RICHARD J.  
5600 U.S. 1 NORTH  
FT. PIERCE FL 34946

3. Date Incorporated or Qualified

10/27/1975

4. FEI Number

59-1644333

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☒ No

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	DC	<input type="checkbox"/> DELETE
NAME	JOHNSON, J. SEWARD JR.	
STREET ADDRESS	66 BATTLE ROAD	
CITY-ST-ZIP	PRINCETON NJ	

TITLE	C	<input type="checkbox"/> DELETE
NAME	FARINACCI, STEPHEN M	
STREET ADDRESS	3208 MEMORY LN	
CITY-ST-ZIP	FT. PIERCE FL	

TITLE	TS	<input type="checkbox"/> DELETE
NAME	HEWITT, LOUIS R.	
STREET ADDRESS	585 32ND AVE SW	
CITY-ST-ZIP	MERCERVILLE NJ	

TITLE	DPS	<input type="checkbox"/> DELETE
NAME	HERMAN, RICHARD J.	
STREET ADDRESS	106 18TH AVENUE	
CITY-ST-ZIP	VERO BEACH FL	

TITLE	DVP	<input type="checkbox"/> DELETE
NAME	SCHAFER, CARL W.	
STREET ADDRESS	44 LAKE LANE	
CITY-ST-ZIP	PRINCETON NJ	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JOHNSON, JOHN S., III	
1.3 STREET ADDRESS	29 GREENE STREET	
1.4 CITY-ST-ZIP	NEW YORK, NY 10013	

2.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BUSSMANN, CHARLES H.	
2.3 STREET ADDRESS	1117 N. 19TH STREET, SUITE 1000	
2.4 CITY-ST-ZIP	ARLINGTON, VIRGINIA 22209	

3.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MARSZALEK, DONALD S.	
3.3 STREET ADDRESS	1515 S. FEDERAL HWY., SUITE 201	
3.4 CITY-ST-ZIP	BOCA RATON, FL 33432	

4.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	YOST, PAUL A. JR.	
4.3 STREET ADDRESS	15420 RIVER ROAD	
4.4 CITY-ST-ZIP	GERMANTOWN, MD 20874	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
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 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: Stephen M. Farinacci

1/6/98

561-465-2400

CR2E037 (10/97)