

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

**APPROVED
AND
FILED**

95 FEB 27 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 743389 (9)
1. Corporation Name
FIRST HARBOUR TOWERS CONDOMINIUM ASSOCIATION, IN C.

Principal Place of Business Mailing Address
230 WEST FIRST STREET FT. MYERS FL 33901 **2350 WEST FIRST STREET FT. MYERS FL 33901**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/27/1978** 3a. Date of Last Report **03/01/1994**

4. FEI Number **59-1115610** 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. 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 Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
KOZELSKI, ROBERT
2350 WEST 1ST STREET, #801
FT MYERS FL 33901

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 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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOZELSKI, R.E.	1.2 NAME	
STREET ADDRESS	2350 W FIRST ST APT 801	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWENDSEN, BEN	2.2 NAME	
STREET ADDRESS	2350 W. FIRST ST #805	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	DST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARNES, RICHARD	3.2 NAME	
STREET ADDRESS	2350 W FIRST ST #502	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANSEN, DONNA	4.2 NAME	
STREET ADDRESS	2350 W FIRST ST, APT 401	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	4.4 CITY-ST-ZIP	
TITLE	DVP	5.1 TITLE	d <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KREMSKI, JOHN A., JR.	5.2 NAME	MIKE GREEN
STREET ADDRESS	2350 W 1ST ST. #602	5.3 STREET ADDRESS	2350 W. 1st St. #602
CITY-ST-ZIP	FT. MYERS FL	5.4 CITY-ST-ZIP	Ft. Myers FL
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 110.07(3)(b), 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: *Robert E. Kozelski* **2-9-95 813334 0280**
ROBERT E KOZELSKI