

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 17 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 # 743389 (9)

1. Corporation Name

FIRST HARBOUR TOWERS CONDOMINIUM ASSOCIATION, IN C.



Principal Place of Business

Mailing Address

2350 WEST FIRST STREET  
FT. MYERS FL 33901

2350 WEST FIRST STREET  
FT. MYERS FL 33901-3317

3. Date Incorporated or Qualified  
06/27/1978

3a. Date of Last Report  
02/07/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
59-1115810

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

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KOZELISKI, ROBERT  
2350 WEST 1ST STREET, #801  
FT MYERS FL 33901

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP  DELETE  
NAME KOZELISKI, R.E.  
STREET ADDRESS 2350 W FIRST ST APT 801  
CITY-ST-ZIP FT MYERS FL

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE DVP  DELETE  
NAME SWENDSEN, BEN  
STREET ADDRESS 2350 W. FIRST ST #805  
CITY-ST-ZIP FT MYERS FL

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE DST  DELETE  
NAME KARNES, RICHARD  
STREET ADDRESS 2350 W FIRST ST #502  
CITY-ST-ZIP FT MYERS FL

3.1 TITLE  Change  Addition  
3.2 NAME NAN Smith  
3.3 STREET ADDRESS 2350 W. First St # 206  
3.4 CITY-ST-ZIP Ft. Myers, FL 33901

TITLE D  DELETE  
NAME PROFFITT, CLEOD  
STREET ADDRESS 2350 W 1ST ST APT 205-506  
CITY-ST-ZIP FT MYERS FL

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME GREEN, MIKE  
STREET ADDRESS 2350 W. 1ST ST., #205-506  
CITY-ST-ZIP FT. MYERS FL

5.1 TITLE  Change  Addition  
5.2 NAME Jally Voge Voth  
5.3 STREET ADDRESS 2350 W. First St. #205  
5.4 CITY-ST-ZIP Ft. Myers, FL 33901

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME 800002089168  
6.3 STREET ADDRESS -02/17/97--01046--009  
6.4 CITY-ST-ZIP \*\*\*61.25

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 if changed, or on an attachment with an address.

SIGNATURE:

*Cleod Proffitt*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-97

Date

Daytime Phone # 0055234

CR2E037 (9/96)