


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 23, 1999 8:00 am
Secretary of State

09-23-1999 90010 022 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 743389

1. Corporation Name

FIRST HARBOUR TOWERS CONDOMINIUM ASSOCIATION, IN C.

Principal Place of Business

2350 WEST FIRST STREET
 FT. MYERS FL 33901

Mailing Address

2350 WEST FIRST STREET
 FT. MYERS FL 33901



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/27/1978	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1115810	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24	25	29	30	\$5.00 May Be Added to Fees	

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

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]*
 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	D <input type="checkbox"/> DELETE	1.1 TITLE	D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOZELISKI, R.E.	1.2 NAME	KOZELISKI, R.E.
STREET ADDRESS	2350 W FIRST ST APT 801	1.3 STREET ADDRESS	2350 W FIRST ST APT 801
CITY-ST-ZIP	FT MYERS FL	1.4 CITY-ST-ZIP	FT. MYERS FL 33901
TITLE	DVP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	B <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SWENDSEN, BEN	2.2 NAME	CHILDS, MIKE
STREET ADDRESS	2350 W. FIRST ST #805	2.3 STREET ADDRESS	5731 ESTERO BLVD
CITY-ST-ZIP	FT MYERS FL	2.4 CITY-ST-ZIP	FT. MYERS BEACH, FL 33931
TITLE	DP <input type="checkbox"/> DELETE	3.1 TITLE	D/VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, NAN	3.2 NAME	SMITH, NAN
STREET ADDRESS	2350 W. FIRST ST #206	3.3 STREET ADDRESS	2350 W. FIRST ST APT 206
CITY-ST-ZIP	FT. MYERS FL 33901	3.4 CITY-ST-ZIP	FT. MYERS FL 33901
TITLE	DS <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PROFFITT, CLEDO	4.2 NAME	HARTWELL, SHEILA
STREET ADDRESS	2350 W 1ST ST APT 506	4.3 STREET ADDRESS	2350 W. FIRST ST APT 703
CITY-ST-ZIP	FT MYERS FL	4.4 CITY-ST-ZIP	FT. MYERS, FL 33901
TITLE	DT <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VOTH, SALLY	5.2 NAME	KARNES, RICHARD
STREET ADDRESS	2350 W. FIRST ST. #205	5.3 STREET ADDRESS	2350 W. FIRST ST APT 502
CITY-ST-ZIP	FT. MYERS FL 33901	5.4 CITY-ST-ZIP	FT. MYERS, FL 33901
TITLE	<input type="checkbox"/> DELETE	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 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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/13/99 (941) 332-2092
 Date Daytime Phone #

CR2E037 (5/99)