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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # 754512

1. Corporation Name

(2)

FILED Apr 30 1997 8:00am Secretary of State

HARBOUR'S EDGE OWNER'S ASSOCIATION, INC. Principal Place of Business Mailing Address 4010 THOMAS DR PANAMA CITY BEACH FL 32408-4394 PANAMA CITY BEACH FL 32408-7306									
PANAMA CITY I	BEACH FL 32408-4394	PANAMA CITY BEACH FL	32408-7306			3. Date incorporated or Qualified	3a. Da	te of Last R	laport
						10/07/1980	Ö	5/30/199	36
	Place of Business	2a. Malling Address				4. FEI Number		Ar	oplied For
Suite, Apt	# ete	Suite, Apt. #, etc.				59-2771313	···-		ot Applicable
22	π. B(C.	27				5. Certificate of Status Desired			Additional equired
City & Stat	te	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28	· · · · · · · · · · · · · · · · · · ·			Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Cour	ntry		8. This corporation has liability for Florida Statutes	intangible Yes	tax under s 1 No	. 199.032,
24	25 9. Name and Address of Curr	29 ent Registered Agent	30			10. Name and Address of New Re			
				81 Nar	ne			<u> </u>	 ,
VERNOT	, GERARD		<u> </u>	82 Stre	et Addre	ss (P.O. Box Number is Not Acceptab	ole)		
	IOMAS DR			_1					
PANAMA	A CITY BEACH FL 32408			83					
			1	84 City	,		FL	85 Zip	Code
11 Pursuant	to the provisions of Sections 617.0	502 and 617 1508 Florida Stat	ites the ah	OVe-nam	ed corno	visition submits this statement for the r		changing if	ts registered
agent. I a		ligations of Section 617.0503, I	Florida Statu	utes.	JOI POI BLIC	oration submits this statement for the pon's board of directors. I hereby accept	or the upp	ATTO NOT US	regiatareo
	 Signature, typed or printed name of registered a 	agent and title il applicable. (No	OTE: Registered	Apent signs	ature required	d when reinstating)	DATE		• • • • • • • • • • • • • • • • • • • •
12.	Signature, typod or printed name of registered of OFFICERS A	AND DIRECTORS	OTE: Registered	Apent sign:	sture required	d when reinstating) ADDITIONS/CHANGES TO OFFIC		DIRECTOR	RS IN 12
12. TITLE	OFFICERS A	~			sture required			DIRECTOF Change	RS IN 12
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4. 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR

4/23/97

(904)-234-9668 Daytime Phone & concess