FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

755023

APPROVED
MAY -1 PM 1:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name: HARBOR CONDO ASSOC. INC. #211 (HOMEOWNER ASSOCIATION)
1402 KENNEDY CAUSEWAY
NORTH BAY VILLAGE, FL 33141

Principal Place of Business:
7909-7911 EAST DRIVE
NORTH BAY VILLAGE
FL 33141

Mailing Address:
HARBOR CONDO ASSOC. INC.
#211
1402 KENNEDY CAUSEWAY
NORTH BAY VILLAGE, FL 33141

3. Date Incorporated or Qualified: 1980.
3a. Date of Last Report:

2. Principal Place of Business
21: 7909-7911 EAST DRIVE NORTH BAY VILLAGE
Suite, Apt. # etc. 22: 7909-7911 EAST DRIVE
City & State 23: NORTH BAY VILLAGE FLA
Zip 24: 33141 Country 25:

2a. Mailing Address 26:
Suite, Apt. #, etc 27:
City & State 28:
Zip 29: Country 30:

4. FEI Number: 59-2051533 — 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

EDWIN ONCKELINX
#211
1402 KENNEDY CAUSEWAY
NORTH BAY VILLAGE FL 33141.

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 617.0502, Florida Statutes.

SIGNATURE: EDWIN ONCKELINX — DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT JIM LUDWAY. DRIVE APT 7 7911 EAST NORTH BAY VILLAGE FL 33141 ☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	D. JIM LUDWAY 7911 EAST DRIVE APT 7 NORTH BAY VILLAGE FL 33141 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P. CARDENAS MERCEDES 7909 EAST DRIVE APT 204 N.B.V FL 33141 ☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	D. MARK GUNST. 7911 EAST DRIVE APT 3 NORTH BAY VILLAGE FL 33141 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY. MARK GUNST 7911 EAST DR. APT 3 N.B.V. FL 33141. ☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	D. EDWIN ONCKELINX 12555 BISCAYNE BLVD #784 N.MIAMI FL 33181. ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER EDWIN ONCKELINX 12555 BISCAYNE BLVD #784 N.MIAMI FL 33181. ☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	000001821180 --05/15/96--01011--021 *****61.25 *****61.25 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	A.R. 5-1-96 ☐ Change ☐ Addition

CR2E037 (12/95)

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 119.07(3)(k), 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: EDWIN ONCKELINX. 4/21/96 Date — CORRECTED 5/5/96. Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR