SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998

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

FILED
Sep 10 1998 8:00am
Secretary of State

0014341

DOCUMENT # 755023 (9)

1. Corporation Name

HARBOR CONDOMINIUM HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7909-11 E. DRIVE NORTH BAY VILLAGE FL 33141-3338 US	HARBOR CONDO ASSOC. INC. #211 1402 KENNEDY CAUSEWAY NORTH BAY VILLAGE FL 33141 US

3. Date Incorporated or Qualified: 11/06/1980

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name: JOSEPH TEJADA
82 Street Address (P.O. Box Number is Not Acceptable)
83: 6538 COLLINS AVE # 333
84 City: MIAMI BEACH FL 85 Zip Code: 33141.

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 X _____ _____
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	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	LUDWAY, JIM		1.2 NAME	ARMANDO SUAREZ	
STREET ADDRESS	7911 EAST DRIVE APT. #7		1.3 STREET ADDRESS	7909 EAST DRIVE #209	
CITY-ST-ZIP	NORTH BAY VILLAGE FL 33141		1.4 CITY-ST-ZIP	NORTH BAY VILLAGE, FL. 33141	
TITLE	V.P.	☒ DELETE	2.1 TITLE	V.P.	☒ Change ☐ Addition
NAME	MERCEDES, GARDENAS		2.2 NAME	VINCENT LANGONE	
STREET ADDRESS	7909 EAST DRIVE APT. #204		2.3 STREET ADDRESS	7909 EAST DRIVE #202	
CITY-ST-ZIP	NORTH BAY VILLAGE FL 33141		2.4 CITY-ST-ZIP	NORTH BAY VILLAGE, FL. 33141	
TITLE	SD	☒ DELETE	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	GUNST, MARK		3.2 NAME	ART SILVA	
STREET ADDRESS	7911 EAST DRIVE APT. #3		3.3 STREET ADDRESS	7790 S.W. 134 STREET	
CITY-ST-ZIP	NORTH BAY VILLAGE FL 33141		3.4 CITY-ST-ZIP	MIAMI, FLORIDA 33156.	
TITLE	TD	☒ DELETE	4.1 TITLE	T.D. (TREASURER)	☒ Change ☐ Addition
NAME	ONCKELINX, EDWIN		4.2 NAME	JOSEPH TEJADA	
STREET ADDRESS	12555 BISCAYNE BLVD. #784		4.3 STREET ADDRESS	6538 COLLINS AVE # 333	
CITY-ST-ZIP	N. MIAMI FL 33181		4.4 CITY-ST-ZIP	MIAMI BEACH FL. 33141.	
TITLE		☐ DELETE	5.1 TITLE	EDWIN ONCKELINX PRESIDENT	☒ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS	12555 BISCAYNE BLVD #784	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	N. MIAMI FLA. 33181	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (5/98)

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.

SIGNATURE: X _____ JOSEPH TEJADA/TREASURER 8-3-98 305-758-5466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #