FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 756330 (7)

1. Corporation Name

HARBOUR TOWNE ASSOCIATION, INC.

Principal Place of Business:
5701 MIDNIGHT PASS RD.
SARASOTA FL 34242
US

Mailing Address:
~~5701 MIDNIGHT PASS RD.~~
~~SARASOTA FL 34242~~
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/12/1981
3a. Date of Last Report: 03/17/1994
4. FEI Number: ~~59-2204107~~ 59-2257411 — ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26 2828 Proctor Road
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Sarasota, FL
Zip 24 / Country 25	Zip 29 34231 / Country 30 Sarasota

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KARP, MICHAEL
1333 DOCKSIDE PLACE
SARASOTA FL 34242

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 607.0502 and 607.1508, 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 607.0505, 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	VD	1.1 TITLE	VD ☒ Change ☐ Addition
NAME	~~KARP, MICHAEL~~	1.2 NAME	BLOME, Glenn
STREET ADDRESS	~~1333 DOCKSIDE PL~~	1.3 STREET ADDRESS	1227 Dockside Place
CITY ST ZIP	SARASOTA FL	1.4 CITY ST ZIP	34242
TITLE	D	2.1 TITLE	TD ☒ Change ☐ Addition
NAME	~~INGANAMORT, MARGARET~~	2.2 NAME	WINSLER, Robert
STREET ADDRESS	~~1203 DOCKSIDE PLACE~~	2.3 STREET ADDRESS	3667 Boca Pointe Drive
CITY ST ZIP	SARASOTA FL	2.4 CITY ST ZIP	34233
TITLE	D	3.1 TITLE	SD ☒ Change ☐ Addition
NAME	MARQUIS, ROGER	3.2 NAME	
STREET ADDRESS	1307 DOCKSIDE PLACE	3.3 STREET ADDRESS	
CITY ST ZIP	SARASOTA FL	3.4 CITY ST ZIP	34242
TITLE	DS	4.1 TITLE	D ☒ Change ☐ Addition
NAME	~~FOUND, ROBIN~~	4.2 NAME	DOWDY, Thomas
STREET ADDRESS	~~1257 DOCKSIDE PL~~	4.3 STREET ADDRESS	1233 Dockside Place
CITY ST ZIP	SARASOTA FL	4.4 CITY ST ZIP	34242
TITLE	PD	5.1 TITLE	PD ☒ Change ☐ Addition
NAME	~~NELSON, RITA~~	5.2 NAME	HUTCHINS, Jane
STREET ADDRESS	~~1321 DOCKSIDE PL~~	5.3 STREET ADDRESS	1275 Dockside Place
CITY ST ZIP	SARASOTA FL	5.4 CITY ST ZIP	34242
TITLE	T	6.1 TITLE	☒ Change ☐ Addition
NAME	PETERS, RALPH W. JR.	6.2 NAME	
STREET ADDRESS	1321 DOCKSIDE PLACE	6.3 STREET ADDRESS	(delete Peters)
CITY ST ZIP	SARASOTA FL	6.4 CITY ST ZIP	

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)(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: Jane Hutchins, President — 4/24/95 — 813 346 [illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Jane Hutchins

0018859