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May 07 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 756330 (7)

1. Corporation Name

HARBOUR TOWNE ASSOCIATION, INC.

Principal Place of Business

5701 MIDNIGHT PASS RD.
SARASOTA FL 34242
US

Mailing Address

2828 PROCTOR ROAD
SARASOTA FL 34231-6423
US



3. Date Incorporated or Qualified 02/12/1981 3a. Date of Last Report 04/24/1996

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KARP, MICHAEL
1333 DOCKSIDE PLACE
SARASOTA FL 34242

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 617.0503, 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-
NAME ZIMMER, DAN
STREET ADDRESS 4231 DOCKSIDE PLACE
CITY-ST-ZIP SARASOTA FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
D GERRY MAGUIRE
1259 DOCKSIDE PLACE
SARASOTA, FL 34242

TITLE TD
NAME BOSSERMAN, BRUCE
STREET ADDRESS 1303 DOCKSIDE PLACE
CITY-ST-ZIP SARASOTA FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
SHORT, WILLIAM
1205 Dockside Place

TITLE SD
NAME ROSENBAUM, ART
STREET ADDRESS 1215 SOCKSIDE PLACE
CITY-ST-ZIP SARASOTA FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE PD
NAME DOWDY, THOMAS
STREET ADDRESS 1233 DOCKSIDE PLACE
CITY-ST-ZIP SARASOTA FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
VD
BLOME, GLENN
1227 Dockside Place

TITLE D
NAME HUTCHINS, JANE
STREET ADDRESS 1275 DOCKSIDE PLACE
CITY-ST-ZIP SARASOTA FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
PD

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/97

Date

Daytime Phone # 0060785

CR2E037 (9/96)