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Apr 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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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 US
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3. Date Incorporated or Qualified

02/12/1981

4. FEI Number

59-2257411

Applied For

Not Applicable

2. Principal Place of Business
21 2848 Proctor Road

2a. Mailing Address
26 2848 Proctor Road

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
23 Sarasota, FL

City & State
28 Sarasota, FL

Zip
24 34231

Country
25 USA

Zip
29 34231

Country
30 USA

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
Miller Management Services, Inc.

82 Street Address (P.O. Box Number is Not Acceptable)
2848 Proctor Road

83

84 City
Sarasota, FL

85 Zip Code
34231

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 D	☒ DELETE
NAME MAGUIRE, GERRY	
STREET ADDRESS 1250 DOCKSIDE PLACE	
CITY-ST-ZIP SARASOTA FL	

TITLE TD	☒ DELETE
NAME SHORT, WILLIAM	
STREET ADDRESS 1205 DOCKSIDE PLACE	
CITY-ST-ZIP SARASOTA FL	

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

TITLE VD	☒ DELETE
NAME BLOME, GLENN	
STREET ADDRESS 1227 DOCKSIDE PLACE	
CITY-ST-ZIP SARASOTA FL	

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

TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE D	☐ Change ☒ Addition
1.2 NAME Don Baker	
1.3 STREET ADDRESS 1263 Dockside Place	
1.4 CITY-ST-ZIP Sarasota, FL 34242	☐ Change ☒ Addition

2.1 TITLE TD	☐ Change ☒ Addition
2.2 NAME Fred Hart	
2.3 STREET ADDRESS 1315 Dockside Place	
2.4 CITY-ST-ZIP Sarasota, FL 34242	☐ Change ☒ Addition

3.1 TITLE SD	☐ Change ☒ Addition
3.2 NAME Robin Found	
3.3 STREET ADDRESS 1 Benjamin Franklin Drive	
3.4 CITY-ST-ZIP Sarasota, FL 34436	☐ Change ☒ Addition

4.1 TITLE VD	☐ Change ☒ Addition
4.2 NAME Gary Nogard	
4.3 STREET ADDRESS 1321 Dockside Place	
4.4 CITY-ST-ZIP Sarasota, FL 34242	☐ Change ☐ Addition

5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

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

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:

[Signature]

4/10/98

741 346-1060

CR2E037 (10/97)