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May 09 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 # 758484 (0)
1. Corporation Name
HARBOR WOODS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
2180 W SR 434 #5000 2180 W SR 434 #5000
LONGWOOD FL 32779 LONGWOOD FL 32779-5044

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/26/1981		3a. Date of Last Report 05/01/1996	
21		26		4. FEI Number 59-2095523		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
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

HART, JAMES W JR
SENTRY MANAGEMENT, INC.
2180 W. STATE RD. 434, SUITE 5000
LONGWOOD FL 32779

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

TITLE	SD	XX DELETE
NAME	SCHACK, LYNN	
STREET ADDRESS	435 CATAMARAN DR #51	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	PD	XX DELETE
NAME	CROFT, EARL	
STREET ADDRESS	3403 MAZUR DRIVE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	JARVIS, MARGE	
STREET ADDRESS	435 CATAMARAN DR #53	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	D	XX DELETE
NAME	SPEIGNER, LAURA	
STREET ADDRESS	420 BREAKWATER DR #21	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	VPD	XX DELETE
NAME	GRISAR, FRANCES	
STREET ADDRESS	420 CATAMARAN DR #99	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	WASHAM, BILLY MAC	
1.3 STREET ADDRESS	455 CATAMARAN DR #42	
1.4 CITY-ST-ZIP	MERRITT ISLAND FL 32952	
2.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SCHACK, ROBERT E	
2.3 STREET ADDRESS	540 BUTTWOOD DR	
2.4 CITY-ST-ZIP	MERRITT ISLAND FL 32952	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	XX Change <input type="checkbox"/> Addition
4.2 NAME	LAFFERTY, GREGORY	
4.3 STREET ADDRESS	20 BOGART PLACE	
4.4 CITY-ST-ZIP	MERRITT ISLAND FL 32953	
5.1 TITLE	SD	XX Change <input type="checkbox"/> Addition
5.2 NAME	GRISAR, FRANCES	
5.3 STREET ADDRESS	420 CATAMARAN DR #99	
5.4 CITY-ST-ZIP	MERRITT ISLAND FL 32953	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *M. Schack* 3-21-97

CR2E037 (9/96)