


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 26 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 758484 (0)**  
1. Corporation Name  
**HARBOR WOODS CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business <b>2180 W SR 434 #5000 LONGWOOD FL 32779</b>	Mailing Address <b>2180 W SR 434 #5000 LONGWOOD FL 32779</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. City & State Zip Country
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3. Date Incorporated or Qualified <b>05/26/1981</b>	Applied For Not Applicable
4. FEI Number <b>59-2095523</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**HART, JAMES W JR  
SENTRY MANAGEMENT, INC.  
2180 W. STATE RD. 434, SUITE 5000  
LONGWOOD FL 32779**

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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	VPD <input type="checkbox"/> DELETE
NAME	<b>WASHAM, BILLY MAC</b>
STREET ADDRESS	<b>455 CATAMARAN DR., #42</b>
CITY-ST-ZIP	<b>MERRITT ISLAND FL</b>
TITLE	PD <input type="checkbox"/> DELETE
NAME	<b>SCHACK, ROBERT E</b>
STREET ADDRESS	<b>540 BUTTONWOOD DR.</b>
CITY-ST-ZIP	<b>MELBOURNE FL</b>
TITLE	TD <input type="checkbox"/> DELETE
NAME	<b>JARVIS, MARGE</b>
STREET ADDRESS	<b>435 CATAMARAN DR #53</b>
CITY-ST-ZIP	<b>MERRITT ISLAND FL</b>
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	<b>LAFFERTY, GREGORY</b>
STREET ADDRESS	<b>20 BOGART PLACE</b>
CITY-ST-ZIP	<b>MERRITT ISLAND FL</b>
TITLE	SD <input type="checkbox"/> DELETE
NAME	<b>GRISAR, FRANCES</b>
STREET ADDRESS	<b>420 CATAMARAN DR., #99</b>
CITY-ST-ZIP	<b>MERRITT ISLAND FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<b>MERRITT ISLAND FL 32952</b>
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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>D ZIMBRO, SAHRON A</b>
4.3 STREET ADDRESS	<b>424 CATAMARAN DR #70</b>
4.4 CITY-ST-ZIP	<b>MERRITT ISLAND FL 32952</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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: *Marge Jarvis* **RECHARGE JARVIS**

**3-11-98 452-7183**

CR2E037 (1097)