

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 760905 (0)  
1. Corporation Name  
THE HARBOURAGE II CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address  
C/O PROGRESSIVE MANAGEMENT, INC.  
2753 S. R. 580, #207  
CLEARWATER FL 34621  
C/O PROGRESSIVE MANAGEMENT, INC.  
2753 S. R. 580, #207  
CLEARWATER FL 34621

3. Date Incorporated or Qualified 12/04/1981  
3a. Date of Last Report 02/14/1995  
4. FEI Number 59-2214816  
Applied For Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

REARDON, MAUREEN C., CPM  
2753 SR 580, SUITE 207  
CLEARWATER FL 34621

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 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 NAME STREET ADDRESS CITY-ST-ZIP  
TD OLSON, CHARLES 240 SAND KEY ESTATES DR #48 CLEARWATER FL  
D STIMMEL, DICK 240 SAND KEY ESTATES DR #46 CLEARWATER FL  
PD GRAFF, DON 240 SAND KEY ESTATES DRIVE #38 CLEARWATER FL  
D SCHUMACHER, RON 240 SAND KEY ESTATES DR #74 CLEARWATER FL  
SD FERGUSON, JANET 240 SAND KEY ESTATES DR #26 CLEARWATER FL  
VD WILKEN, OPAL 240 SAND KEY ESTATES DR #76 CLEARWATER FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
11 TITLE D  
12 NAME RUSSELL, WILLIAM  
13 STREET ADDRESS 240 SAND KEY ESTATES DR #73  
14 CITY-ST-ZIP CLEARWATER FL 34630  
21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP  
31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP  
41 TITLE D  
42 NAME STOKES, DAVE  
43 STREET ADDRESS 240 SAND KEY ESTATES DR #28  
44 CITY-ST-ZIP CLEARWATER FL 34630  
51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP  
61 TITLE  
62 NAME WILKIN, OPAL  
63 STREET ADDRESS  
64 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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (12/95)