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FILED

Jan 31 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 34621C/O PROGRESSIVE MANAGEMENT, INC.
2753 S. R. 580, #207
CLEARWATER FL 34621-33453. Date Incorporated or Qualified
12/04/19813a. Date of Last Report
01/29/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-2214816Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 DT ☐ DELETE
NAME OLSON, CHARLES
STREET ADDRESS 240 SAND KEY ESTATES DR #48
CITY-ST-ZIP CLEARWATER FL1.1 TITLE T/V/D ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE D ☒ DELETE
NAME STIMMEL, DICK
STREET ADDRESS 240 SAND KEY ESTATES DR #46
CITY-ST-ZIP CLEARWATER FL2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME RUSSELLE, BILL
2.3 STREET ADDRESS 240 SAND KEY ESTATES DR #73
2.4 CITY-ST-ZIP CLEARWATER FL 34630TITLE PD ☒ DELETE
NAME GRAFF, DON
STREET ADDRESS 240 SAND KEY ESTATES DRIVE #38
CITY-ST-ZIP CLEARWATER FL3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME FAZIO, CHARLES
3.3 STREET ADDRESS 240 SAND KEY ESTATES DR #64
3.4 CITY-ST-ZIP CLEARWATER FL 34630TITLE D ☒ DELETE
NAME STOKES, DAVE
STREET ADDRESS 240 SAND KEY ESTATES DR. #28
CITY-ST-ZIP CLEARWATER FL4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME BROWNE, JR., BERNARD
4.3 STREET ADDRESS 240 SAND KEY ESTATES DR #68
4.4 CITY-ST-ZIP CLEARWATER FL 34630TITLE SD ☐ DELETE
NAME FERGUSON, JANET
STREET ADDRESS 240 SAND KEY ESTATES DR #28
CITY-ST-ZIP CLEARWATER FL5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE VD ☐ DELETE
NAME WILIN, OPAL
STREET ADDRESS 240 SAND KEY ESTATES DR #76
CITY-ST-ZIP CLEARWATER FL6.1 TITLE P/D ☒ Change ☐ Addition
6.2 NAME WILKINS, OPAL
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0087408

CR2E037 (9/96)