


FILE NOW: FILING FEE IS \$61.25

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Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 760905 (0)
 1. Corporation Name
THE HARBOURAGE II CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business C/O PROGRESSIVE MANAGEMENT, INC. 2753 S. R. 580. #207 CLEARWATER FL 34621	Mailing Address C/O PROGRESSIVE MANAGEMENT, INC. 2753 S. R. 580. #207 CLEARWATER FL 34621
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 33761	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 33761
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3. Date Incorporated or Qualified 12/04/1981
4. FEI Number 59-2214816
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" 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 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 33761
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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 NAME STREET ADDRESS CITY-ST-ZIP	TVD OLSON, CHARLES 240 SAND KEY ESTATES DR #48 CLEARWATER FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSSELLE, BILL 240 SAND KEY ESTATES DR #48 CLEARWATER FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAZIO, CHARLES 240 SAND KEY ESTATES DRIVE #38 CLEARWATER FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWNE, BERNARD 240 SAND KEY ESTATES DR. #28 CLEARWATER FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FERGUSON, JANET 240 SAND KEY ESTATES DR #28 CLEARWATER FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILKINS, OPAL 240 SAND KEY ESTATES DR #78 CLEARWATER FL <input checked="" type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	P/D GRAFF, DON 240 SAND KEY ESTATES DR. #38 CLEARWATER FL 33767 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	V/D 240 SAND KEY ESTATES DR. #64 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	S/D CLARK, PETER 240 SAND KEY ESTATES DR. #14 CLEARWATER FL 33767 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D BOCELLI, FRANK 240 SAND KEY ESTATES DR. #11 CLEARWATER FL 33767 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	D PETERSON, BILL 240 SAND KEY ESTATES DR. #86 CLEARWATER FL 33767 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: Donald A. Graff **DONALD A. GRAFF** 2/5/98 (813)596-6866

CP2E037 (10/97)

DOCUMENT #760905

THE HARBOURAGE II CONDOMINIUM ASSOCIATION, INC.

ADDITIONAL OFFICERS AND DIRECTORS:

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**SCOTT, ROBERT
240 SAND KEY ESTATES DR. #65
CLEARWATER FL 33767**