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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 760905

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 33761
 US

Mailing Address

C/O PROGRESSIVE MANAGEMENT, INC.
 2753 S. R. 580. #207
 CLEARWATER FL 33761
 US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	12/04/1981
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-2214816
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23	28	
Zip Country	Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24 25	29 30	

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input type="checkbox"/> DELETE	1.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OLSON, CHARLES	1.2 NAME	SCOTT, ROBERT
STREET ADDRESS	240 SAND KEY ESTATES DR #48	1.3 STREET ADDRESS	240 SAND KEY ESTATES DR #65
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	CLEARWATER FL 33767
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRAFF, DON	2.2 NAME	AMANN, MARYANN
STREET ADDRESS	240 SAND KEY ESTATES DR, #38	2.3 STREET ADDRESS	240 SAND KEY ESTATES DR #24
CITY-ST-ZIP	CLEARWATER FL 33767	2.4 CITY-ST-ZIP	CLEARWATER FL 33767
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAZIO, CHARLES	3.2 NAME	
STREET ADDRESS	240 SAND KEY ESTATES DR, #64	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLARK, PETER	4.2 NAME	WILKIN, OPAL
STREET ADDRESS	240 SAN KEY ESTATES DR, #14	4.3 STREET ADDRESS	240 SAND KEY ESTATES DR #76
CITY-ST-ZIP	CLEARWATER FL 33767	4.4 CITY-ST-ZIP	CLEARWATER FL 33767
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOCELLI, FRANK	5.2 NAME	KELLY, ROBERT
STREET ADDRESS	240 SAND KEY ESTATES DR, #11	5.3 STREET ADDRESS	240 SAND KEY ESTATES DR #81
CITY-ST-ZIP	CLEARWATER FL 33767	5.4 CITY-ST-ZIP	CLEARWATER FL 33767
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PETERSON, BILL	6.2 NAME	BROWNE, BERNARD
STREET ADDRESS	240 SAND KEY ESTATES DR, #86	6.3 STREET ADDRESS	240 SAND KEY ESTATES DR #68
CITY-ST-ZIP	CLEARWATER FL 33767	6.4 CITY-ST-ZIP	CLEARWATER FL 33767

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, with all other like empowered.

SIGNATURE: _____ 1/20/99

CR2E037 (11/98)