

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



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

191.25
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 NOV -5 PM 2:42

1. Name of Limited Partnership

1a. DOCUMENT #
A30963

HARBOUR HOMES AT HARBOUR ISLAND, LTD.



Mailing Address
**420 KNIGHTS RUN AVE.
TAMPA FL 33602**

Principal Office Address
**808 SOUTH HARBOUR ISLAND BLVD.
TAMPA FL 33602**

3. Date Formed or Registered
12/20/1990

5a. Capital Contributions as
Shown on record
\$100.00

3a. Date of Last Report
11/16/1995

5b. Amount of Capital
Contributions in FLORIDA
to date

4. State or Country of Formation
FL

2. Mailing Address

2a. Principal Office Address

**% T. HARVEY
P.O. Box 1620**

**% T. HARVEY
14 BOCA GRANDE NORTH**

City & State
BOCA GRANDE, FL

City & State
BOCA GRANDE

Zip Country
33921 U.S.A.

Zip Country
33921 U.S.A.

6. FEI Number
65-0381966

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

**HARBOUR VENTURES TWO, INC.
420 KNIGHTS RUN AVE.
TAMPA FL 33602**

10. If changed, new Registered Agent/Office

Name
THOMAS H. HARVEY, III
Street Address (P.O. Box Number Is Not Acceptable)
14 BOCA GRANDE NORTH
Suite, Apt. #, etc.
City
BOCA GRANDE FL Zip Code
33921

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

Thomas H. Harvey, III

DATE **10/25/96**

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/
Document Number

HARBOUR VENTURES TWO INC

420 KNIGHTS RUN AVE.

TAMPA FL 33602

V48607

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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Donald A. Furtado, for Harbour Ventures Two, Inc.

DATE **10/25/96**

Typed or Printed Name of General Partner Signing Form **Donald A. Furtado, Exec. VP**

Daytime Telephone Number **(803) 723-7831**

CR2E003 (6/96)