

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Mar 14 1996 8:00 am  
Secretary of State

DOCUMENT # F94000005454 (3)

1. Corporation Name

HARBOR PINES DEVELOPMENT CORPORATION



Principal Place of Business

Mailing Address

C/O INTELLIVEST MANAGEMENT  
13535 FEATHER SOUND DR. #125  
CLEARWATER FL 34622  
US

C/O INTELLIVEST MANAGEMENT  
13535 FEATHER SOUND DR. #125  
CLEARWATER FL 34622  
US

3. Date Incorporated or Qualified

10/20/1994

3a. Date of Last Report

04/06/1995

2. Principal Place of Business

21. Sterling Management, Inc.

2a. Mailing Address

c/o Sterling Management, Inc.

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Suite, Apt. #, etc.

#172

Suite, Apt. #, etc.

27. 1301 Seminole Blvd., #172

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

23. Largo, FL

City & State

28. Largo, FL

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

24. 34640

Country

25. USA

Zip

29. 34640

Country

30. USA

8. 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

TIRABASSI, E R  
FERGESON, SKIPPER, ETAL  
1515 RINGLING BLVD, #1000  
SARASOTA FL 34236

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 607.0502 and 607.1508, 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 607.0505, 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

1. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PTD  
DONNELLY, P J  
130 ALBERT ST., #1500  
OTTAWA ONTARIO CANADA K1P -5G4

DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DC  
MCBRIDE, ROSS W  
130 ALBERT ST., #1500  
OTTAWA ONTARIO CANADA K1P -5G4

DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VS  
VAUGHAN, CRAIG A  
130 ALBERT ST., #1500  
OTTAWA ONTARIO CANADA K1P -5G4

DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DELETE

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

Craig A. Vaughan

3/7/96

613-721-1722

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)

3-14-96