

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90099 026 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F98000006367

1. Corporation Name
CASSELBERRY HARBOR INVESTORS, INC.

Principal Place of Business % ALLEGIS REALTYINVESTORS LLC 242 TRUMBULL ST. HARTFORD CT 06103-1205	Mailing Address % ALLEGIS REALTYINVESTORS LLC 242 TRUMBULL ST. HARTFORD CT 06103-1205
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/19/1998	
4. FEI Number 06-1529561	Applied For <input type="checkbox"/> Not Applicable
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
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

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

12. OFFICERS AND DIRECTORS	
TITLE	CP <input type="checkbox"/> DELETE
NAME	BURRILL, ROBERT C JR.
STREET ADDRESS	242 TRUMBULL ST.
CITY-ST-ZIP	HARTFORD CT 06103-1205
TITLE	DV <input type="checkbox"/> DELETE
NAME	ODLUM, HARRIET D
STREET ADDRESS	242 TRUMBULL ST.
CITY-ST-ZIP	HARTFORD CT 06103-1205
TITLE	V <input type="checkbox"/> DELETE
NAME	HOVEY, CHRISTINE M
STREET ADDRESS	242 TRUMBULL ST.
CITY-ST-ZIP	HARTFORD CT 06103-1205
TITLE	S <input type="checkbox"/> DELETE
NAME	CLEVELAND, ALAN P ESQ.
STREET ADDRESS	1000 ELM ST.
CITY-ST-ZIP	MANCHESTER NH 03105-3701
TITLE	T <input type="checkbox"/> DELETE
NAME	KUTA, CAROL M
STREET ADDRESS	242 TRUMBULL ST.
CITY-ST-ZIP	HARTFORD CT 06103-1205
TITLE	V <input type="checkbox"/> DELETE
NAME	MISTRETTA, MICHAEL T
STREET ADDRESS	242 TRUMBULL ST.
CITY-ST-ZIP	HARTFORD CT 06103-1205

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Assistant Secretary
1.3 STREET ADDRESS	Matthew J. Lapointe, Esq.
1.4 CITY-ST-ZIP	1000 Elm Street
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Vice-President
2.3 STREET ADDRESS	Andrea B. Rothstein
2.4 CITY-ST-ZIP	242 Trumbull Street
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 607, 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: Matthew J. Lapointe **REQUIRED** Date: Jun. 6, 1999 Daytime Phone #: 603-627-8172

CR2E034 (1/98)