

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G65003

1. Corporation Name

HARBOUR RIDGE REALTY, INC.

FILED

99 JUL 20 PM 1:19



Principal Place of Business 13400 GILSON RD P.O. BOX 2451 STUART FL 34906 US		Mailing Address 13400 GILSON RD P.O. BOX 2451 STUART FL 34906 US		DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business 21 3571 S.W. Corporate Pkwy. Suite, Apt. #, etc.		2a. Mailing Address 26 3571 SW Corporate Parkway Suite, Apt. #, etc.		3. Date Incorporated or Qualified 10/13/1983	
22 City & State 23 Palm City, FL 24 Zip 34990 25 Country US		27 City & State 28 Palm City, FL 29 Zip 34990 30 Country US		4. FEI Number 59-2344955 Applied For 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	
9. Name and Address of Current Registered Agent SCHULER, JACK C. 13400 GILSON RD PALM CITY FL 34906			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 3571 S.W. Corporate Parkway 83 84 City Palm City FL 85 Zip Code 34990		
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 resigning) _____ DATE _____					

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DODGE, JOHN B 13400 GILSON RD 3571 SW Corporate Pkwy PALM CITY FL 34990	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 3571 S.W. Corporate Parkway Palm City, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOESE, LESTER W. 13400 GILSON RD 3571 SW Corporate Pkwy. PALM CITY FL 34990	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D 3571 S.W. Corporate Parkway Palm City, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACKAY, JAMES D. 2008 ROYAL FERN COURT PALM CITY FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 10000294664 -07/30/99-01118-008 *****61.25 *****61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PD John C. Schuler 3571 SW Corporate Parkway Palm City, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition SP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

7/19/99

CR2E034 (1/98)