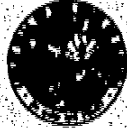


**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED  
AND  
FILED**

95 APR 26 AM 11:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995  
  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Morham  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **N02779** (9)  
 1. Corporation Name  
**HARBOR POINTE WEST CONDOMINIUM ASSOCIATION OF DUNEDIN, INC.**

Principal Place of Business Mailing Address  
 519 S. PAULA DRIVE DUNEDIN FL 34698  
 519 S. PAULA DRIVE DUNEDIN FL 34698

DO NOT WRITE IN THIS SPACE  
 3. Date Incorporated or Qualified **04/26/1984** 3a. Date of Last Report **04/26/1984**  
 4. FEI Number **59-2436110** Applied For Not Applicable

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 25 29 30

5. Certificate of Status Desired  \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**FLORY, JAYNE  
 C/O CAM PROPERTIES, INC  
 519 S. PAULA DRIVE  
 DUNEDIN FL 34698**

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

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 reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERCE, LOUIS	1.2 NAME	
STREET ADDRESS	340 CAUSEWAY BLVD. #110	1.3 STREET ADDRESS	
CITY - ST - ZIP	DUNEDIN FL	1.4 CITY - ST - ZIP	
TITLE	V	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKNIGHT, KENT	2.2 NAME	WILFERT, WILLIAM
STREET ADDRESS	340 CAUSEWAY BLVD. #105	2.3 STREET ADDRESS	340 Causeway Blvd. #108
CITY - ST - ZIP	DUNEDIN FL	2.4 CITY - ST - ZIP	Dunedin, FL. 34698
TITLE	ST	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIDDLEKAUFF, DOROTHY	3.2 NAME	
STREET ADDRESS	340 CAUSEWAY BLVD. #105	3.3 STREET ADDRESS	340 Causeway Blvd. #102
CITY - ST - ZIP	DUNEDIN FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILFERT, WILLIAM	4.2 NAME	WRIGHT, VERNON
STREET ADDRESS	340 CAUSEWAY BLVD. #108	4.3 STREET ADDRESS	340 Causeway Blvd. #215
CITY - ST - ZIP	DUNEDIN FL	4.4 CITY - ST - ZIP	Dunedin, FL 34698
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLS, THOMAS	5.2 NAME	
STREET ADDRESS	340 CAUSEWAY BLVD., #107	5.3 STREET ADDRESS	
CITY - ST - ZIP	DUNEDIN FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Louis E. Pierce, President Date: 4-20-95 (813) 734-2033  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Daytime Phone #)  
**LOUIS E. PIERCE**