

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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

Principal Place of Business Mailing Address
340 Causeway Blvd. Dunedin, FL 34698

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

3. Date Incorporated or Qualified 3a. Date of Last Report
4. FCR Number 59-2436110
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**Sheron Nichols
c/o Sheron O. Nichols Properties
251 Windward Passage Suite G
Clearwater, FL 34630**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	V. President	<input checked="" type="checkbox"/> DELETE
NAME	Wilfert, William	
STREET ADDRESS	340 Causeway Blvd. Bldg. 108	
CITY-ST-ZIP	Dunedin, FL	<input checked="" type="checkbox"/> DELETE
TITLE	Sec.	
NAME	Maureen Kanaski	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS	340 Causeway Blvd. #213	
CITY-ST-ZIP	Dunedin, FL 34698	
TITLE	Wright, Vernon	<input checked="" type="checkbox"/> DELETE
NAME	340 Causeway Blvd. 215	
STREET ADDRESS	Dunedin, FL	<input type="checkbox"/> DELETE
CITY-ST-ZIP	Dunedin, FL	
TITLE	D	
NAME	Mills, Thomas	
STREET ADDRESS	340 Causeway Blvd. 107	
CITY-ST-ZIP	Dunedin, FL	<input checked="" type="checkbox"/> DELETE
TITLE	PREVIOUS	
NAME	PIERCE, LOUIS	
STREET ADDRESS	340 CAUSEWAY BLVD # 110	
CITY-ST-ZIP	DUNEDIN, FL 34698	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	WILFERT, WILLIAM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	340 CAUSEWAY BLVD. # 108	
1.3 STREET ADDRESS	DUNEDIN, FL. 34698	
1.4 CITY-ST-ZIP		
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MAUREEN KANESKI	
2.3 STREET ADDRESS	340 CAUSEWAY BLVD. # 213	
2.4 CITY-ST-ZIP	DUNEDIN, FL. 34698	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	WRIGHT, VERNON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	340 CAUSEWAY BLVD # 215	
4.3 STREET ADDRESS	DUNEDIN, FL. 34698	
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		
6.2 NAME	200002222152	
6.3 STREET ADDRESS	-06/25/97--01004--013	
6.4 CITY-ST-ZIP	***61.25	

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

SIGNATURE: Vernon Wright Date: 3-28-97 Daytime Phone #: 734-7950

CR2E037 (9/96)