FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # N06705 (0)

HARBOR FEDERAL CENTER OFFICE CONDOMINIUM ASSOCIA TION, INC.

Principal Place of Business Mailing Address									., 6.6.	
2500 SE MIDPORT ROAD PORT ST. LUCIE FL 34985-9220 US			P. O. BOX 9220 PORT ST. LUCIE FL 34985 US							
							3. Date Incorporated or Qualified 12/18/1984	3a. Date o	f Last 28/19	Report 995
2. Principal Place of Business			2a. Mailing Address	├─ŋ [~]			4. FEI Number Applied For 59-2312887 Applied For Not Applied For			
Suite, Apt. #, etc.		# ata	26 Suite Apt # etc			39 23 12001			Not Applicable	
22			Suite, Apt. #, etc.			5. Certificate of Status Desired	cate of Status Desired S8.75 Additional Fee Required			
23	City & State		City & State			6. Election Campaign Financing \$5.00 May Be				
	Zip Country		Zip Country				Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032,			
24		25 29 30			,		Fiorida Statutes Yes No			
	Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent			
				81		Name				
PINNEY, STEPHEN G. 2500 SE MIDPORT ROAD				82 Street Add			ss (P.O. Box Number is Not Acceptable)		
PORT ST. LUCIE FL 34985				83	+					
				84	+	City		8	5 Zir	Code
					ŀ	•		PL:	'	
	familiar wit	o the provisions of Sections 617.0 ed agent, or both, in the State of F h, and accept the obligations of, S	502 and 617.1508, Florida Statutes, lorida. Such change was authorized lection 617.0503, Florida Statutes.	the above- by the corp	na X	imed corporat ration's board	tion submits this statement for the purp I of directors. I hereby accept the appoi	ose of changir ntment as regi	ng its r stered	egistered office agent. I am
SIGN	NATURE _	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE	Registered Age	nt s	signature required v	when reinstating)	DATE		
12.			AND DIRECTORS	13.	13.		ADDITIONS/CHANGES TO OFFIC			RS IN 12
TITLE		PD PINNEY CTECHEN C	DELETE	1.1 TITLE					hange	☐ Addition
NAME		PINNEY, STEPHEN G. 2500 SE MIDPORT RD.		1.2 NAME						
	ET ADDRESS	PORT ST. LUCIE FL			1.3 STREET ADDRESS					
TITLE	ST-ZIP	D DELETE			1.4 CITY-ST-ZIP 2.1 TITLE			in c	hange	☐ Addition
NAME		PINNEY, CAROL		2 2 NAME	1				ina.igo	
	T ADDRESS	2500 SE MIDPORT RD.			23 STREET ADDRESS					
CITY-	ST-ZIP	PORT ST. LUCIE FL			2 4 CITY-ST-ZIP					
TITLE		D DELETE		3 1 TITLE			· · · · · · · · · · · · · · · · · · ·	□ c	nange	☐ Addition
NAME				3 2 NAME	3 2 NAME					
)	2400 SE MIDPORT RD.			3.3 STREE	3.3 STREET ADORESS					
}	ST-7IP	PORT ST. LUCIE FL		3.4. CITY-ST-ZIP		-ZIP		(m) o	hance	T Addison
TITLE NAME		_			41 TITLE			Пů	hange	Addition Addition
i	T ADDRESS			4 2 NAME		innaess				
1	ST-ZIP			4.4 CITY -						
TITLE			DELETE	5.1 TITLE					hange	Addition
NAME				52 NAME					-	_
STREE	EL ADDRESS			5 3 STREE	ī A	IDDRESS				
CITY-	ST-ZIP			5.4 CITY-5	ST-	- ZIP				
TITLE		DEFFELE		6 1 TITLE					hange	☐ Addition
NAME				6.2 NAME						
STREE	T ADDRESS			6.3 STREE	T A.	DORESS				
	TY-ST-ZIP 4. I do baseby coulify that the information cynollied with this filing is yellystasily furnished.				64 CITY-ST-ZIP		ALL LINE BUILDING	2(0)(1)	<u> </u>	. 14 4

I up nereby 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 eath; that I am an office 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 on Block 13 if changed or in a restachment with an address.

SIGNATURE: TYPED DIS PRINTED NAME OF SIGNING OFFICER OR DIRECTOR