

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 4/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$369)

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUN 28 AM 8:59

DOCUMENT # N11349 (0)
 1. Corporation Name

HARBOUR POINTE AT CAMACHEE ISLAND CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 3070 HARBOR DR. ST AUGUSTINE FL 32095	Mailing Address 3070 HARBOR DR. ST AUGUSTINE FL 32095
---	---

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/27/1985	3a. Date of Last Report 04/27/1994
4. FEI Number 59-2785680	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	FILING FEE IS \$61.25
8. This corporation has liability for intangible tax under s. 100.022, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
---	--

9. Name and Address of Current Registered Agent

STELLING, FRANCES
3608 HARBOR DR
ST. AUGUSTINE FL 32095

10. Name and Address of New Registered Agent

81 Name
Joe Mirman

82 Street Address (P.O. Box Number is Not Acceptable)
3505 Harbor Dr.

83 City
St. Augustine, FL

84 City
St. Augustine, FL

85 Zip Code
FL 32095

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: *[Signature]* DATE: **6/20/95**

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KVASNAK, C J N
STREET ADDRESS	3508 HARBOR DR
CITY - ST - ZIP	ST AUGUSTINE FL
TITLE	VD
NAME	FEDETTE, RONALD
STREET ADDRESS	3805 HARBOR DR
CITY - ST - ZIP	ST AUGUSTINE FL
TITLE	VD
NAME	STEWART, EARL W
STREET ADDRESS	3802 HARBOR DR
CITY - ST - ZIP	ST AUGUSTINE FL
TITLE	TD
NAME	STELLING, FRANCES
STREET ADDRESS	3008 HARBOR DR
CITY - ST - ZIP	ST AUGUSTINE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Evelyn Drysdale	
13 STREET ADDRESS	3505 Harbor Drive	
14 CITY - ST - ZIP	St. Augustine, FL 32095	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Joe Mirman	
23 STREET ADDRESS	3503 Harbor Dr.	
24 CITY - ST - ZIP	ST. Augustine, FL 32095	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Sidney Quick	
33 STREET ADDRESS	3603 Harbor Drive	
34 CITY - ST - ZIP	ST. Augustine, FL 32095	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(b), 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: *[Signature]* DATE: **6/15/95** 904-826-1879

CR2E037 (3/95)