

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N11349** (0)

1. Corporation Name

HARBOUR POINTE AT CAMACHEE ISLAND CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

3070 HARBOR DR.
ST AUGUSTINE FL 32095

3070 HARBOR DR.
ST AUGUSTINE FL 32095

3. Date Incorporated or Qualified
09/27/1985

3a. Date of Last Report
06/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-2785680

Applied For
Not Applicable

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

10. Name and Address of New Registered Agent

MIRMAN, JOE
3505 HARBOR DR
ST AUGUSTINE FL 32095

81 Name

Rudi Stelling

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

3608 Harbor Drive

83

84 City

St. Augustine

FL

85 Zip Code
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

Rudi Stelling

RUDI STELLING, TREASURER

2/19/96

(Signature, typed or printed name of registered agent, and file if applicable)

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
PD	DRYSDALE, EVELYN	3505 HARBOR DR	ST AUGUSTINE FL	<input checked="" type="checkbox"/>
SD	MIRMAN, JOE	3503 HARBOR DR	ST AUGUSTINE FL	<input checked="" type="checkbox"/>
TD	QUICK, SIDNEY	3603 HARBOR DR	ST AUGUSTINE FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
PD	C.J. Neil Kvasnak	3508 Harbor Drive	St. Augustine, FL 32095	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VPD	Earl Stewart	3602 Harbor Drive	St. Augustine, FL 32095	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SD	Susan Stewart	3602 Harbor Dr.	St. Augustine, FL 32095	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD	Rudi Stelling	3608 Harbor Dr.	St. Augustine, FL 32095	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ASD	Iris V. Rogers	3606 Harbor Dr.	St. Augustine, FL 32095	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Rudi Stelling

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/96

DATE

904-825-4320
Daytime Phone #

CR2E037 (12/95)