


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 04 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **N11349** (0)
1. Corporation Name
HARBOUR POINTE AT CAMACHEE ISLAND CONDOMINIUM ASSOCIATION, INC.



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| Principal Place of Business 3070 HARBOR DR. ST AUGUSTINE FL 32095 | Mailing Address 3070 HARBOR DR. ST AUGUSTINE FL 32095-2123 |
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|--|--|
| 3. Date Incorporated or Qualified 09/27/1985 | 3a. Date of Last Report 03/04/1996 |
|--|--|

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|--|---|
| 2. Principal Place of Business 21 3610 Harbor Dr. Suite, Apt. #, etc. | 2a. Mailing Address 26 3610 Harbor Dr. Suite, Apt. #, etc. |
| City & State 23 St. Augustine, FL | City & State 28 St. Augustine, FL |
| Zip 24 32095 | Country 25 USA |
| Zip 29 32095 | Country 30 USA |

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|--|--|
| 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 |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

9. Name and Address of Current Registered Agent
**STELLING, RUDI
3608 HARBOR DRIVE
ST. AUGUSTINE FL 32095**

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name Iris Rogers |
| 82 Street Address (P.O. Box Number is Not Acceptable) 3606 Harbor Dr. |
| 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: *Iris Rogers* DATE: **3/14/97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD KVASNAK, C.J. NEIL 3508 HARBOR DRIVE ST. AUGUSTINE FL <input checked="" type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VPD STEWART, EARL 3602 HARBOR DRIVE ST. AUGUSTINE FL <input checked="" type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SD STEWART, SUSAN 3602 HARBOR DRIVE ST. AUGUSTINE FL <input checked="" type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TD STELLING, RUDI 3608 HARBOR DRIVE ST. AUGUSTINE FL <input checked="" type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | ASD ROGERS, IRIS V. 3606 HARBOR DRIVE ST. AUGUSTINE FL <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> DELETE |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|---|
| 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP | PD Claire Fredette 3605 Harbor Dr. St. Augustine, FL 32095 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP | TD Iris V. Rogers 3606 Harbor Dr. St. Augustine, FL 32095 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP | SD Frances Stelling 3608 Harbor Dr, St. Augustine, FL 32095 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Claire J. Fredette* DATE: **3/7/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)