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Apr 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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.

Principal Place of Business 3610 HARBOR DR ST AUGUSTINE FL 32095 US	Mailing Address 3610 HARBOR DR ST AUGUSTINE FL 32095 US
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3. Date Incorporated or Qualified 09/27/1985	
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. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**ROGERS, IRIS
 3606 HARBOR DR
 ST AUGUSTINE FL 32095**

10. Name and Address of New Registered Agent

81 Name Richard Gruenther	
82 Street Address (P.O. Box Number is Not Acceptable) 3604 Harbor Drive	
83 City St. Augustine, FL 32095	
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 Richard L. Gruenther **3/10/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	FREDETTE, CLAIRE	<input checked="" type="checkbox"/> DELETE	
NAME	3605 HARBOR DR	1.1 TITLE	D/P
STREET ADDRESS	ST AUGUSTINE FL	1.2 NAME	Richard Gruenther
CITY-ST-ZIP		1.3 STREET ADDRESS	3604 Harbor Drive
		1.4 CITY-ST-ZIP	St. Augustine, FL 32095
TITLE TD	ROGERS, IRIS V	<input checked="" type="checkbox"/> DELETE	
NAME	3608 HARBOR DR	2.1 TITLE	D/T
STREET ADDRESS	ST AUGUSTINE FL	2.2 NAME	Elizabeth Goldthwaite
CITY-ST-ZIP		2.3 STREET ADDRESS	3601 Harbor Drive
		2.4 CITY-ST-ZIP	St. Augustine, FL 32095
TITLE SD	STELLING, FRANCES	<input checked="" type="checkbox"/> DELETE	
NAME	3608 HARBOR DR	3.1 TITLE	D
STREET ADDRESS	ST AUGUSTINE FL	3.2 NAME	Myra Conner
CITY-ST-ZIP		3.3 STREET ADDRESS	3501-B N. Ponce de Leon Blvd.
		3.4 CITY-ST-ZIP	St. Augustine, FL 32095
TITLE ASD	ROGERS, IRIS V.	<input checked="" type="checkbox"/> DELETE	
NAME	3606 HARBOR DRIVE	4.1 TITLE	D
STREET ADDRESS	ST. AUGUSTINE FL	4.2 NAME	Jerry Kelley
CITY-ST-ZIP		4.3 STREET ADDRESS	P. O. Box 548
		4.4 CITY-ST-ZIP	3610 HARBOR DR. ST. AUGUSTINE, FL 32095
TITLE		<input type="checkbox"/> DELETE	
NAME		5.1 TITLE	S
STREET ADDRESS		5.2 NAME	Evelyn Drysdale
CITY-ST-ZIP		5.3 STREET ADDRESS	3505 Harbor Drive
		5.4 CITY-ST-ZIP	St. Augustine, FL 32095
TITLE		<input type="checkbox"/> DELETE	
NAME		6.1 TITLE	D
STREET ADDRESS		6.2 NAME	DR. BRANTON PRICE
CITY-ST-ZIP		6.3 STREET ADDRESS	3610 HARBOR DR.
		6.4 CITY-ST-ZIP	ST. AUGUSTINE, FL 32095

14. I 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: Evelyn Drysdale **3/10/98** (904) 808-0463

CR2E037 (10/97)