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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N11349

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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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 09/27/1985	4. FEI Number 59-2785680	Applied For 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		

9. Name and Address of Current Registered Agent GRUENTHER, RICHARD 3604 HARBOR DR ST. AUGUSTINE FL 32095				10. Name and Address of New Registered Agent			
81 Name		RICHARD GRUENTHER		85 Zip Code		FL	
82 Street Address (P.O. Box Number is Not Acceptable)		3604 HARBOR DRIVE					
83		ST. AUGUSTINE, FL 32095					
84 City							

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 DATE 2/14/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRUENTHER, RICHARD	1.2 NAME	DP RICHARD GRUENTHER
STREET ADDRESS	3604 HRBOR DR	1.3 STREET ADDRESS	3604 HARBOR DRIVE
CITY-ST-ZIP	ST. AUGUSTINE FL 32095	1.4 CITY-ST-ZIP	ST. AUG - FL. 32095
TITLE	DT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GODTHWAITE, ELIZABETH	2.2 NAME	DT ELIZABETH GOLDTHWAITE
STREET ADDRESS	3601 HARBOR DR	2.3 STREET ADDRESS	3601 HARBOR DRIVE
CITY-ST-ZIP	ST. AUGUSTINE FL 32095	2.4 CITY-ST-ZIP	ST. AUG - FL. 32095
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNER, MYRA	3.2 NAME	D MYRA CONNER
STREET ADDRESS	3501-B-N-PONCE-DE-LEON-BLVD	3.3 STREET ADDRESS	3504-BN. PONCE DELEON BLVD
CITY-ST-ZIP	ST. AUGUSTINE FL 32095	3.4 CITY-ST-ZIP	ST. AUG - FL. 32095
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLEY, JERRY	4.2 NAME	D JERRY KELLEY
STREET ADDRESS	3610 HARBOR DR-	4.3 STREET ADDRESS	3508 HARBOR DR
CITY-ST-ZIP	ST. AUGUSTINE FL 32095	4.4 CITY-ST-ZIP	ST. AUG - FL. 32095
TITLE	S <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRYSDALE, EVELYN	5.2 NAME	
STREET ADDRESS	3505 HARBOR DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL 32095	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRICE, BRAXTON DR	6.2 NAME	D BRAXTON PRICE DR.
STREET ADDRESS	3610 HARBOR DR	6.3 STREET ADDRESS	3507 HARBOR DRIVE
CITY-ST-ZIP	ST AUGUSTINE FL 32095	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, with all other like empowered.

SIGNATURE: [Signature] DATE 2/14/99 DAYTIME PHONE # 904 808-0463
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)