

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 18 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # N12849 (8)
1. Corporation Name
HARBOR INN AT THE MOORINGS ASSOCIATION, INC.

Principal Place of Business

2125 WINDWARD WAY
VERO BEACH FL 32963

Mailing Address

C/O VISTA PROPERTIES MGMT INC
100 VISTA ROYALE BLVE
VERO BEACH FL 32962
US3. Date Incorporated or Qualified
01/03/19863a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

4. FEI Number

59-2624345

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. 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

GUTMANN, BARBARA
2140 SYP G LASS LANE 212
VERO BEACH FL 32963

81 Name

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

83

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

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 V PD
NAME ROBERT, SULLIVAN
STREET ADDRESS 2115 WINDWARD WAY
CITY-ST-ZIP VERO BEACH FL

DELETE

1.1 TITLE Macfarland Lanning
1.2 NAME 2115 Windward Way
1.3 STREET ADDRESS Vero Beach, FL 32963
1.4 CITY-ST-ZIP

Change Addition

TITLE PD
NAME GUTMANN, BARBARA
STREET ADDRESS 85 QUAIL HOLLOW DRIVE
CITY-ST-ZIP MORELAND HILLS OH

DELETE

2.1 TITLE T/D
2.2 NAME Stevens, George
2.3 STREET ADDRESS 2135 Windward Way
2.4 CITY-ST-ZIP Vero Beach, FL 32963

Change Addition

TITLE DS
NAME HARBAUGH, BARBARA B
STREET ADDRESS 2140 SPYGLASS LANE #114
CITY-ST-ZIP VERO BEACH FL

DELETE

3.1 TITLE S/D
3.2 NAME John Webb
3.3 STREET ADDRESS 2135 Windward Way #310
3.4 CITY-ST-ZIP Vero Beach, FL 32963

Change Addition

TITLE D
NAME WARDELL, JOHN, M
STREET ADDRESS 42 BRISTOL PLACE
CITY-ST-ZIP BAY HEAD NJ

DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

TITLE STD
NAME MCINTOSH, JAMES
STREET ADDRESS 1001 BAY ROAD, #108C
CITY-ST-ZIP VERO BEACH FL

DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change 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

SIGNATURE OF REGISTERED AGENT

SIGNATURE OF OFFICER OR DIRECTOR

April 2, 1997 561-231-5246

Daytime Phone # 0076000

CR2E037 (9/96)