

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 27 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N15689 (5)

1. Corporation Name

HARBOR ISLES CONDOMINIUM ASSOCIATION OF BREVARD,  
INC.

Principal Place of Business

Mailing Address

600 S. BREVARD AVE.  
COCOA BCH. FL 32931600 S. BREVARD AVE.  
COCOA BCH. FL 32931-2509

3. Date Incorporated or Qualified

07/02/1986

3a. Date of Last Report

03/12/1996

4. FEI Number

59-2857032

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 Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BECKER & POLIAKOFF C/O C. JOHN CHRISTENSEN  
901 N. DESTINY DRIVE  
SUITE 145  
MAITLAND FL 32751

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	P/D	<input type="checkbox"/> DELETE
NAME	CLAY, TOM	
STREET ADDRESS	530 S BREVARD AVE #311	
CITY-ST-ZIP	COCOA BCH. FL	
TITLE	VP/D	<input type="checkbox"/> DELETE
NAME	STACK, KEITH	
STREET ADDRESS	630 S BROWARD AVE #1141	
CITY-ST-ZIP	COCOA BCH. FL	
TITLE	VPAD	<input type="checkbox"/> DELETE
NAME	FOGLE, DEBRA	
STREET ADDRESS	580 S BREVARD AVE #612	
CITY-ST-ZIP	COCOA BCH. FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROOT, ELSPETH	
STREET ADDRESS	540 S BREVARD AVE #447	
CITY-ST-ZIP	COCOA BCH. FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SULPICE, JANE	
STREET ADDRESS	580 S BREVARD AVE #625	
CITY-ST-ZIP	COCOA BCH. FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	WILLIAM CHAPP, WILLIAM	
1.3 STREET ADDRESS	630 S. BREVARD AVE. #1131	
1.4 CITY-ST-ZIP	COCOA BEACH FL 32931	
2.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ROOT ELSPETH	
2.3 STREET ADDRESS	540 S. BREVARD AVE. #447	
2.4 CITY-ST-ZIP	COCOA BEACH FL 32931	
3.1 TITLE	V/D REISCH ROBERT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	630 S. BREVARD AVE #1132	
3.3 STREET ADDRESS	COCOA BEACH FL 32931	
3.4 CITY-ST-ZIP		
4.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	FLANAGAN, MINA	
4.3 STREET ADDRESS	580 S. BREVARD AVE. #841	
4.4 CITY-ST-ZIP	COCOA BEACH FL 32931	
5.1 TITLE	S/D ZULTNER, JOAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	630 S. BREVARD AVE. #1112	
5.3 STREET ADDRESS	COCOA BEACH FL 32931	
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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:

ELSPETH M. ROOT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. ROOT 1/16/97 (407) 784-4961

Date

Daytime Phone # 0019299

CR2E037 (9/96)