

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 31 PM 3:29

DOCUMENT # N39397 (7)

1. Corporation Name

HARBOUR POINTE MASTER ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**7150 SW KANNER HWY.
INDIANTOWN FL 34956**

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INDIANTOWN FL 34956**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/30/1990** 3a. Date of Last Report **05/01/1994**
4. FEI Number **65-0248032** Applied For ☐
Not Applicable ☐

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **\$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FRY, STEPHEN
900 E OCEAN BLVD.
S-120
STUART FL 34994**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	BURG, JAMES A.	1.2 NAME	
STREET ADDRESS	7150 SW KANNER HWY.	1.3 STREET ADDRESS	
CITY - ST - ZIP	INDIANTOWN FL	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	BURG, CLIFFORD F., JR.	2.2 NAME	
STREET ADDRESS	7150 SW KANNER HWY.	2.3 STREET ADDRESS	
CITY - ST - ZIP	INDIANTOWN FL	2.4 CITY - ST - ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	CALVASINA, CORRINE B.	3.2 NAME	
STREET ADDRESS	6755 S KANNER HWY.	3.3 STREET ADDRESS	
CITY - ST - ZIP	STUART FL	3.4 CITY - ST - ZIP	
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	FERRARI, KENNETH F.	4.2 NAME	
STREET ADDRESS	6755 S KANNER HWY.	4.3 STREET ADDRESS	
CITY - ST - ZIP	STUART FL	4.4 CITY - ST - ZIP	
TITLE	VD	5.1 TITLE	☐ Change ☐ Addition
NAME	SPEAR, RAYMOND A.	5.2 NAME	
STREET ADDRESS	7150 SW KANNER HWY.	5.3 STREET ADDRESS	
CITY - ST - ZIP	INDIANTOWN FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated in 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an amendment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES A. BURG, PRESIDENT 3-13-95 (402) 298-5205