


FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N42119 (0) 1. Corporation Name HARBOUR HOMES AT HARBOUR ISLAND NEIGHBORHOOD ASSOCIATION, INC.			
Principal Place of Business		Mailing Address	
424 KNIGHTS RUN AVE TAMPA FL 33602 US		424 KNIGHTS RUN AVE TAMPA FL 33602-5714 US	



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/18/1991		3a. Date of Last Report 03/25/1996	
21 951 S Harbour Isle Blvd		25 951 S Harbour Isle Blvd		4. FEI Number 59-3095803		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State Tampa FL		27 City & State Tampa FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip 33602		28 Country USA		29 Zip 33602		30 Country USA	
24		25		26		27	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MARK, SUZANNE P 424 KNIGHTS RUN AVENUE TAMPA FL 33602				81 Name CONDOMINIUM ASSOCIATES 82 Street Address (P.O. Box Number is Not Acceptable) 3001 Executive Drive, Suite 260 83 84 City Clearwater FL 85 Zip Code 33602			

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 *By Craig D Caldwell Vice President* **CEIG D CALDWELL, VICE PRESIDENT** 4-14-97
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	DP	<input type="checkbox"/> DELETE	1.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFITH, R. R.		1.2 NAME				
STREET ADDRESS	1175 SHIPWATCH CIRCLE		1.3 STREET ADDRESS				
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP				
TITLE	DS	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VPD			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FURTADO, DONALD A		2.2 NAME	Kelly, John John P			
STREET ADDRESS	420 KNIGHTS RUN AVE		2.3 STREET ADDRESS	1132 Shipwatch			
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	Tampa, FL 33602			
TITLE	VPD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITE, ALICE E		3.2 NAME	Black, Ron			
STREET ADDRESS	1154 SHIPWATCH CIRCLE		3.3 STREET ADDRESS	1113 Shipwatch			
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP	Tampa, FL 33602			
TITLE	DT	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	SD			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HORTON, JOHN		4.2 NAME	Tobin, Lee			
STREET ADDRESS	1145 SHIPWATCH CIRCLE		4.3 STREET ADDRESS	911 Crows Nest			
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP	Tampa, FL 33602			
TITLE	DT	<input checked="" type="checkbox"/> DELETE	5.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSON, JACK		5.2 NAME				
STREET ADDRESS	1135 SHIPWATCH CIRCLE		5.3 STREET ADDRESS				
CITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZIP				
TITLE	DS	<input type="checkbox"/> DELETE	6.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COPPAGE, CATHY		6.2 NAME				
STREET ADDRESS	1156 SHIPWATCH CIRCLE		6.3 STREET ADDRESS				
CITY-ST-ZIP	TAMPA FL		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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 544-7444

CR2E037 (9/96)