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May 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N42119 (0)
1. Corporation Name
HARBOUR HOMES AT HARBOUR ISLAND NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business 951 S. HARBOUR ISLE BLVD. TAMPA FL 33602 US	Mailing Address 951 S. HARBOUR ISLE BLVD. TAMPA FL 33602 US
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2. Principal Place of Business 21 424 Knights Run Ave Suite, Apt. #, etc.	2a. Mailing Address 26 424 Knights Run Ave Suite, Apt. #, etc.
City & State 23 Tampa FL	City & State 28 Tampa FL
Zip 24 33602	Country 25 US
Zip 29 33602	Country 30 US

3. Date incorporated or Qualified 02/18/1991
4. FEI Number 59-3095803
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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent CONDOMINIUM ASSOCIATES C/O CALDWELL, CRAIG 3001 EXECUTIVE DR., STE. 200 CLEARWATER FL 33602	
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10. Name and Address of New Registered Agent	
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 Condominium Associates By Craig D Caldwell, VICE PRES. DATE 4-30-98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP GRIFFITH, R. R 1175 SHIPWATCH CIRCLE TAMPA FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD KELLY, JOHN P 1132 SHIPWATCH TAMPA FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BLACK, RON 1113 SHIPWATCH TAMPA FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD TOBIN, LEE 911 CROWS NEST TAMPA FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS COPPAGE, CATHY 1156 SHIPWATCH CIRCLE TAMPA FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	D Griffith, R.R. 1175 Shipwatch Circle Tampa, FL
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	D Kelly, John P 1132 Shipwatch Circle Tampa, FL
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	DS Logsdon, Jack 1156 Shipwatch Circle Tampa, FL
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	DVP Tierney, Jeff 608 Seabreeze Court Tampa FL
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	

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.

CR2E037 (10/97)