


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 21 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N49352 (0)**

1. Corporation Name

**HARBOUR RIDGE BOAT SLIPS ASSOCIATION, INC.**



Principal Place of Business <b>12600 HARBOUR RIDGE BLVD.          PALM CITY FL 34990          US</b>	Mailing Address <b>12600 HARBOUR RIDGE BLVD          PALM CITY FL 34990-8007          US</b>
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3. Date Incorporated or Qualified <b>06/08/1992</b>	3a. Date of Last Report <b>04/17/1996</b>
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>65-0406697</b>	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	29. Country		
25. Country	30. Country		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NEARY, MICHAEL E.  
 HARBOUR RIDGE YACHT & COUNTRY CLUB INC.  
 12600 HARBOUR RIDGE BLVD.  
 PALM CITY FL 34990**

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>
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	<b>VD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WOODS, HUGH</b>	1.2 NAME	
STREET ADDRESS	<b>12454 HARBOUR RIDGE BLVD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM CITY FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHNSTON, BARRY</b>	2.2 NAME	
STREET ADDRESS	<b>1415 WINTERS CREEK RD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM CITY FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>VD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DUNCANSON, THOMAS</b>	3.2 NAME	<b>BRUNS, JR., NICOLAUS</b>
STREET ADDRESS	<b>12778 MARINER COURT</b>	3.3 STREET ADDRESS	<b>2532 SEAGRASS DR.</b>
CITY-ST-ZIP	<b>PALM CITY FL</b>	3.4 CITY-ST-ZIP	<b>PALM CITY, FL</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MALIN, ROBERT</b>	4.2 NAME	
STREET ADDRESS	<b>12468 HARBOUR RIDGE BLVD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM CITY FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>SD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BERGERON, GERALD E.</b>	5.2 NAME	<b>KERREBROCK, GLEN</b>
STREET ADDRESS	<b>1202 WINTERS CREEK ROAD</b>	5.3 STREET ADDRESS	<b>13013 HARBOUR RIDGE BLVD.</b>
CITY-ST-ZIP	<b>PALM CITY FL</b>	5.4 CITY-ST-ZIP	<b>PALM CITY, FL</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<b>TD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>FRANKENTHAL, LESTER</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>1550 BUTTONBUSH CIR.</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>PALM CITY, FL</b>

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  REQUIRED

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CR2E037 (9/96)