

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

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DOCUMENT # N50415 (1)

1. Corporation Name
HARBOR VILLAGE AT GRAND HARBOR CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 4820 20TH AVE. VERO BCH FL 32967 US
Mailing Address: 4820 20TH AVE. VERO BCH FL 32967 US

3. Date Incorporated or Qualified: 08/14/1992
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

4. FEI Number: 65-0370330
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes [] No [X]

9. Name and Address of Current Registered Agent: HEBERLING, LYNN M, 4820 20TH AVE, VERO EBACH FL 32967
10. Name and Address of New Registered Agent: Change spelling to BEACH, FL

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP D'HAESSELLER, RONALD V 4820 20TH AVE. VERO BCH FL	1.1 TITLE	D'HAESELEER (Correct spelling)
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	DVS MATHERNE, DENNIS 4820 20TH AVE. VERO BCH FL	2.1 TITLE	DVP
NAME		2.2 NAME	Taylor, Elbridge M., III
STREET ADDRESS		2.3 STREET ADDRESS	4820 20th Avenue
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Vero Beach, FL 32967
TITLE	DVST BYRNE, SUE 4820 20TH AVE VERO BCH FL	3.1 TITLE	DST
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 119.07(3)(k), 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: _____ DATE: 4/10/96 DAYTIME PHONE #: (407) 778-5943

CR2E037 (12/95)