


FILE NOW: FILING FEE IS \$61.25

FILED
May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 32967-1511 US	3. Date Incorporated or Qualified 08/14/1992	3a. Date of Last Report 04/16/1996
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 65-0370330	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HEBERLING, LYNN M 4820 20TH AVE VERO BEACH FL 32967				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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE		1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	RONALD V D'HAESELEER			1.2 NAME	Elizabeth Melnick		
STREET ADDRESS	4820 20TH AVE.			1.3 STREET ADDRESS	4820 20th Ave.		
CITY-ST-ZIP	VERO BCH FL			1.4 CITY-ST-ZIP	Vero Beach FL 32967		
TITLE	DVP	<input type="checkbox"/> DELETE		2.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ELBRIDGE M TAYLOR, III			2.2 NAME	Elbridge M. Taylor, III		
STREET ADDRESS	4820 20TH AVENUE			2.3 STREET ADDRESS	4820 20th Avenue		
CITY-ST-ZIP	VERO BEACH FL			2.4 CITY-ST-ZIP	Vero Beach, FL 32967		
TITLE	DVST	<input type="checkbox"/> DELETE		3.1 TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BYRNE, SUE			3.2 NAME	Sue Byrne		
STREET ADDRESS	4820 20TH AVE			3.3 STREET ADDRESS	4820 20th Avenue		
CITY-ST-ZIP	VERO BCH FL			3.4 CITY-ST-ZIP	Vero Beach, FL 32967		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME	Howard E. Raes		
STREET ADDRESS				4.3 STREET ADDRESS	4820 20th Avenue		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	Vero Beach, FL 32967		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				5.2 NAME	Donald E. Raes		
STREET ADDRESS				5.3 STREET ADDRESS	4820 20th Avenue		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	Vero Beach, FL 32967		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	M	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME	Lynn M. Heberling		
STREET ADDRESS				6.3 STREET ADDRESS	4820 20th Avenue		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	Vero Beach, FL 32967		

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, on an attachment with an address.

SIGNATURE: Lynn M. Heberling **REQUIRED** 4/28/97 **561 778-5943**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0020999

C12E037 (9/96)