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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N50415

1. Corporation Name

HARBOR VILLAGE AT GRAND HARBOR CONDOMINIUM ASSOCIATION, INC.

463888-90011-1

Principal Place of Business

4820 20TH AVE.
VERO BCH FL 32967
US

Mailing Address

4820 20TH AVE.
VERO BCH FL 32967
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

08/14/1992

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

65-0370330

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 25 29 30

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

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 DELETE
NAME RONALD V D'HAESELEER
STREET ADDRESS 4820 20TH AVE.
CITY-ST-ZIP VERO BCH FL

1.1 TITLE DP Change Addition
1.2 NAME Woerth, Jan
1.3 STREET ADDRESS 4820 20th Avenue
1.4 CITY-ST-ZIP Vero Beach, FL 32967

TITLE DV DELETE
NAME ELBRIDGE M TAYLOR, III
STREET ADDRESS 4820 20TH AVENUE
CITY-ST-ZIP VERO BEACH FL

2.1 TITLE DVP Change Addition
2.2 NAME Stoll, Peter
2.3 STREET ADDRESS 4820 20th Avenue
2.4 CITY-ST-ZIP Vero Beach, FL 32967

TITLE DST DELETE
NAME BYRNE, SUE
STREET ADDRESS 4820 20TH AVE
CITY-ST-ZIP VERO BCH FL

3.1 TITLE DS Change Addition
3.2 NAME Yakel, Richard
3.3 STREET ADDRESS 4820 20th Avenue
3.4 CITY-ST-ZIP Vero Beach, FL 32967

TITLE D DELETE
NAME RAES, DONALD E
STREET ADDRESS 4820 20TH AVE
CITY-ST-ZIP VERO BCH FL

4.1 TITLE DT Change Addition
4.2 NAME Hall, Robert
4.3 STREET ADDRESS 4820 20th Avenue
4.4 CITY-ST-ZIP Vero Beach, FL 32967

TITLE M DELETE
NAME HEBERLING, LYNN M
STREET ADDRESS 4820 20TH AVE
CITY-ST-ZIP VERO BCH FL

5.1 TITLE D Change Addition
5.2 NAME Hildenbrand, William
5.3 STREET ADDRESS 4820 20th Avenue
5.4 CITY-ST-ZIP Vero Beach, FL 32967

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Lynn M Heberling REQUIRED 4/10/99

561-778-5943

CR2E037 (1/198)