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May 02 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000002161 (8)

1. Corporation Name

HARBOUR CLUB A/B OWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

100 BLUFF VIEW DRIVE
APT 302-B
BELLEAIR BLUFFS FL 34640
US100 BLUFF VIEW DR.
APT. 605-A
BELLEAIR BLUFFS FL 33770-1372
US3. Date Incorporated or Qualified
05/12/19933a. Date of Last Report
04/09/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

25 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZACUR, RICHARD A
5200 CENTRAL AVENUE
ST. PETERSBURG FL

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 PD
NAME VANDERMADE, MURIEL
STREET ADDRESS 100 BLUFFVIEW DRIVE, #302B
CITY-ST-ZIP BELLEAIR BLUFFS FL1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE ST
NAME KASSON, WILLIAM J
STREET ADDRESS 100 BLUFF VIEW DRIVE, APT. #605-A
CITY-ST-ZIP BELLEAIR BLUFFS FL 34640-13462.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE D
NAME HILLIER, CLARIS
STREET ADDRESS 100 BLUFFVIEW DRIVE APT A210
CITY-ST-ZIP BELLEAIR BLUFFS FL3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE D
NAME BERCOWITZ, WILLIAM
STREET ADDRESS 100 BLUFFVIEW DRIVE, 401A
CITY-ST-ZIP BELLEAIR BLUFFS FL4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE D
NAME JOSEPH DADDIO
STREET ADDRESS 100 BLUFF VIEW DRIVE, APT. 303-B
CITY-ST-ZIP BELLEAIR BLUFFS FL5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

21 April 1997

Date

Daytime Phone # 0049545

CR2E037 (9/96)