MP

FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Mar 19, 1996 08:00 AM
Secretary of State

DOCUMENT # N94000001412 (5)

1. Corporation Name

HARBOURTOWNE AT COUNTRY WOODS CONDOMINIUM ASSOCI ATION, INC.

Principal Place of Business	Mailing Address
1697 NANTUCKET CT. PALM HARBOR FL	1697 NANTUCKET CT. PALM HARBOR FL

3. Date Incorporated or Qualified: 03/22/1994
3a. Date of Last Report: 04/13/1995

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27

City & State — 23
City & State — 28

Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: 65-0530802 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SEIDER, WILLIAM M
1550 RINGLING BLVD.
SARASOTA FL 34230-3258

10. Name and Address of New Registered Agent

81 Name: Robert TANKEL
82 Street Address (P.O. Box Number is Not Acceptable): 2655 ~~McCormick~~ DR McCormick DR
83 CLEARWATER
84 City: FL — 85 Zip Code: 34619

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, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD STEELE, PETER 28 ORIOLE ROAD TORONTO ON	X DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	S REEBS, ROLAND D 945 PINEWOOD CRESCENT OTTAWA, ON K2B5Y3	☐ Change ☐ Addition X
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ESROCK, BEREL 104 LEWIS STREET OTTAWA ON	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	D STEELE, PETER 255 CONSUMERS RD NORTH YORK, ONT. M2J 5B6	X Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SEELEY, ROY 39 COOLSPRING CRESCENT NEPEAN ON	X DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (12/95)

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: P. Steele P. STEELE PRESIDENT 05 MAR 96 416-499-0090 x245
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

3-19 AD