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NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **N94000001412 (5)**

1. Corporation Name

HARBOURTOWNE AT COUNTRY WOODS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1697 NANTUCKET CT. PALM HARBOR FL	1697 NANTUCKET CT. PALM HARBOR FL 34683-6466

2. Principal Place of Business 21	2a. Mailing Address 26 552 MAIN ST	3. Date Incorporated or Qualified 03/22/1994	3a. Date of Last Report 03/19/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 SAFETY HARBOR	4. FEI Number 65-0530802	☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 SAFETY HARBOR	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 34695 / 30 USA	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	10. Name and Address of New Registered Agent
TANKEL, ROBERT 2655 DR MCCORMICK DR CLEARWATER FL 34619	81 Name: ROBERT TANKEL 82 Street Address (P.O. Box Number is Not Acceptable): 2651 MC CORMICK DR 83 84 City: CLEARWATER 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, 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 Robert L Tankel 2/20/97
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D REEBS, ROLAND 28 ORIOLE ROAD TORONTO ON	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D ROLAND REEBS 945 PINEWOOD CRESCENT OTTAWA, ONTARIO CANADA K2B5X3
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ESROCK, BEREL 104 LEWIS STREET OTTAWA ON	☑ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STEELE, PETER 255 CONSUMERS RD NORTH YORK, ONT. M2J5B6	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D RICHARD COURVILLE 1667 HUNTERS RD. ORLEANS, ONTARIO CANADA K1C-1C26
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D FRANCOIS W. MARCOUX P.O. BOX 1436 ST JOVITE QUEBEC J0T 2H0 N/A CANADA
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D PIERRE RACICOT 1609 DRIFTWOOD CRESCENT ORLEANS, ONTARIO CANADA K1E-2N9

CR2E037 (9/96)

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: Peter Steele