FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



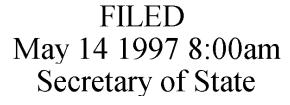
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9600000448 (8) 1. Corporation Name

HARBORTOWN MARINA CLUB CONDO ASSOCIATION, INC.





Principal Place of Business 1990 HARBORTOWN DRIVE FT. PIERCE FL 34916		Mailing Address 1990 HARBORTOWN DRIVE FT. PIERCE FL 34946-1447						
2. Principal P	lace of Business	2a. Malling Address			4. FEI Number		Ag	oplied For
21		26			38-1812691			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional equired
City & State	8	City & State		···-	6. Election Campaign Financing		\$5.00	May Be
23		28			Trust Fund Contribution		Added	to Fees
Zip 24	Country 25	Zip 29	Country 30	,	8. This corporation has liability for i	ntangible ta Yes 🔲		. 199.032,
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Re	gistered Aç	jent	
			81	Name				
	BOWER, DAVID L Arbortown Drive		82 Street Ad		idress (P.O. Box Number is Not Acceptable)			
	RCE FL 34946		83					
			84	City		FL	85 Zip	Cocie
SIGNATURE	registered agent, or both, in the State of m familiar with, and accept the obligation of the state of spinled name of registered agents.				poration submits this statement for the pation's board of directors. I hereby accepanced when reinstating)	of the appoi	ntment as	registered
12.	OFFICERS AND		13,	and and radio radio	ADDITIONS/CHANGES TO OFFIC		DIRECTOR	3S IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		•	***************************************	Change	Addition
NAME	HEFFLEBOWER, DAVID L		1.2 NAME					
STREET ADDRESS	1990 HARBORTOWN DRIVE		1.3 STREET	ADDRESS				
CITY-ST-ZIP	FT. PIERCE FL 34946		1.4 CITY - S	ST - ZIP				
TITLE	VPO	☐ DELETE	21 TITLE				Change	Addition
NAME	HEFFLEBOWER, BARBARA		2.2 NAME					
STREET ADDRESS	1990 HARBORTOWN DRIVE		2.3 STREET	ADDRESS				
CITY-ST-ZIP	FT. PIERCE FL 34946		2.4 CITY-	ST-ZIP				
TITLE	STD	☐ DELETE	3.1 TITLE			L	Change	Addition
NAME	CHANUPA, JAN 1990 HARBORTOWN DRIVE		3.2 NAME					
STREET ADDRESS	FT. PIERCE FL 34946			ADDRESS				
CITY-ST-ZIP TITLE	I I. FILTIOL FL 34840	☐ DELETE	3.4. CITY - 4.1 TITLE	51-ZIP			Change	Addition
NAME I	İ	LI DELL'IL	4.1 IIILE 4.2 NAME	1		L	_ orango	L Addition
STREET ADDRESS				ADDRESS				
CITY-\$T-ZIP			4.4 CITY - S					
TITLE		☐ DELETE	5.1 TITLE				Change	Addition
NAME			5.2 NAME					
STREET ADDRESS	1		5.3 STREET	r address				
CITY-ST-ZIP			5.4 CITY- 9	ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE			L	Change	Addition
NAME 1			62 NAME					
STREET ADDRESS			6.3 STREET	ADDRESS				
CITY-\$T-ZIP			6.4 CITY-5		***			
14 I do herei	by certify that the information supplied	with this filing does not gualif	v for the eve	mntion state	ed in Section 119 07/3)(i). Florida Statute	e I further c	ertify that	the

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 in Chapter in with an address.

1/ 11/0-