FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



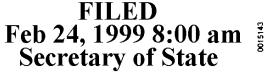
FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9700006690 1. Corporation Name

HARBOUR BEND PHASE III CONDOMINIUM ASSOCIATION,



02-24-1999 90106 036 ****61.25

Principal Place of Business Mailing Address												
2941 WEST STATE ROAD 434 #100 LONGWOOD FL 32779			2941 WEST STATE ROAD 434 #100 LONGWOOD FL 32779				1					
Principal Place of Business 2a. Mailing Addres								3. Date Incorporated or Qualifed				
21			26					11/26/1997				
Suite, Apt. #, etc.			Suite, Apt. #, etc.					4. FEI Number 59-34980	65	_ 	plied For	
22			27					APPLIED FOR			t Applicable	
City & State			City & State					5. Certifcate of Status Desired		\$8.75 A	1	
Zip Country			Zip Country					6 Floring Communica Financias		\$5.00		
24	25	29	•	30				Election Campaign Financing Trust Fund Contribution		Added t	•	
9. Name and Address of Current								10. Name and Address of New R	egistered			
					81	Name	,					
MASON, J. CHENEY					82	Stree	Street Address (P.O. Box Number is Not Acceptable)					
2941 WEST STATE ROAD 434					83	<u> </u>						
LONGWOOD FL 32779												
					84	City			FL	85 Zip C	Code	
11. Pursuant office or agent. I a	uthorize	d by	the cor	d corpor poration	ation submits this statement for the 's board of directors. I hereby accep	nurpose of	changing its	registered gistered				
SIGNATURE												
-40	Signature, typed or printed name of registered agen			Registered	d Agen	t signature	required w	ADDITIONS/CHANGES TO OFF	DATE ICERS AN	D DIRECTO	RS IN 12	
12.	OFFICERS AN	DUREC	DELETE	1,1 T	ITLE		T	ADDITIONO: OF ARTOLO TO CIT	102.107.11	Change	Addition	
NAME	MASON, J. CHENEY			1.2 N							_	
STREET ADDRESS 390 N. ORANGE AVENUE, SUITE 2						ADDRES	,					
CITY-ST-ZIP	ORLANDO FL 32801	L 2100		1	ITY-SI							
TITLE	DV		☐ DELETE	2.1 T			+		<u> </u>	Change	☐ Addition	
NAME	CLARK, LINDA C			2.2 N	AME							
STREET ADDRESS		#100		2.3 \$	TREET	ADDRES	3					
CITY-ST-ZIP	LONGWOOD FL 32779			2.40	CITY-S	T-ZIP		a same same s				
TITLE	DST		☐ DELETE	3.1 T	ITLE		1			Change	☐ Addition	
NAME	LEMESH, AL			3.2 N	AME							
STREET ADDRESS	2941 WEST STATE ROAD 434,	#100		3.3 S	TREET	ADDRESS	3					
CITY-ST-ZIP	LONGWOOD FL 32779			3.4. 0	ITY S	T-ZIP				<u> </u>		
TITLE			☐ DELETE	4,1 T	πLE					Change	☐ Addition	
NAME				4.21	AME							
STREET ADDRESS				4.3 S	TREET	ADDRESS	3				- 1	
CITY-ST-ZIP				4.4 C	TY-ST	r-ZIP		<u> </u>				
TITLE	•		☐ DELETE	5.1 TI						Change	☐ Addition	
NAME				5.2 N								
STREET ADDRESS				1		ADORESS	3					
CITY-ST-ZIP					ITY-\$1	r-ZIP	↓	·		F7.01		
TITLE			☐ DELETE	6.1 TI				·		Change	☐ Addition	
NAME				6.2 N				· -				
OTDEET ADDDESS	1			■ 6.3 S	TREFT	ADDRESS	11					

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.

6.4 CITY-ST-ZIP

SIGNATURE: