

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Apr 10 1996 8:00 am
 Secretary of State

DOCUMENT # P94000050735 (7)

1. Corporation Name

THE HARBORAGE AT SEMINOLE COVE, INC.



Principal Place of Business

Mailing Address

211 SW 25TH CIRCLE
 OKEECHOBEE FL 34974
 US

PO BOX 1308
 OKEECHOBEE FL 34973
 US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 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

FENNELLY, ANDREW L.
3701 N FLAGLER DR
WEST PALM BEACH FL 33407

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified

07/08/1994

3a. Date of Last Report

05/01/1995

4. FLI Number

65-0503519

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. 190.032, Florida Statutes Yes No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature type or printed name of registered agent (and the applicable)

Signature type or printed name of registered agent (and the applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **PD FENNELLY, ANDREW L.**
 STREET ADDRESS **3701 N FLAGLER DR**
 CITY-STATE-ZIP **WEST PALM BEACH FL**

TITLE DELETE

NAME **BAUM, NORMAN L.**
 STREET ADDRESS **23276 COSTA DEL SOL**
 CITY-STATE-ZIP **BOCA RATON FL**

TITLE DELETE

NAME DELETE

TITLE DELETE

NAME DELETE

TITLE DELETE

NAME DELETE

TITLE DELETE

NAME DELETE

TITLE DELETE

NAME DELETE

TITLE DELETE

NAME DELETE

TITLE DELETE

NAME DELETE

TITLE DELETE

NAME DELETE

TITLE DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE Change Addition

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

2. TITLE Change Addition

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

3. TITLE Change Addition

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

4. TITLE Change Addition

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

5. TITLE Change Addition

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

6. TITLE Change Addition

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

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(5)(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 or person empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Andrew L. Fenelly, President

3/20/96

941-763-4646

CR2E034 (12/95)