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FILED
Apr 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000057466 (1)

1. Corporation Name
HARBOR BAY MAINTENANCE, INC.



Principal Place of Business
21 S.E. HARBOR POINT DR.
STUART FL 34996

Mailing Address
21 S.E. HARBOR POINT DR.
STUART FL 34996

3. Date incorporated or Qualified
07/20/1995

3a. Date of Last Report
04/23/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0600558	Applied For Not Applicable
21	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23	28		
Zip	Zip	Country	Country
24	25	29	30

9. Name and Address of Current Registered Agent

MORTELL, EDWIN E III
1550 SOUTHERN BLVD.
SUITE 300
WEST PALM BEACH FL 33406

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BARATTA, ROBERT O DR.	
STREET ADDRESS	21 S.E. HARBOR POINT DR.	
CITY-ST-ZIP	STUART FL 34996	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BARATTA, SCOTT R	
STREET ADDRESS	21 S.E. HARBOR POINT DR.	
CITY-ST-ZIP	STUART FL 34996	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BARATTA, GREGG P	
STREET ADDRESS	21 S.E. HARBOR POINT DR.	
CITY-ST-ZIP	STUART FL 34996	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MORTELL, MELISSA A	
STREET ADDRESS	417 KRUEGER PARKWAY	
CITY-ST-ZIP	STUART FL 34996	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BARATTA, CAROL A	
STREET ADDRESS	21 S.E. HARBOR POINT DR.	
CITY-ST-ZIP	STUART FL 34996	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Robert O. Baratta, III

Robert O. BARATTA, III

2-20-97
561-287-6264

CR2E034 (9/96)