

FILE NOW: FILING FEE IS \$61.25

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Mar 04 1996 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 726526 (7)
1. Corporation Name
50 HARBOR VIEW HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business C/O NORMAN W. SWANSON #10 50 HARBOR VIEW LANE BELLEAIR BLUFFS FL 34640-2605	Mailing Address C/O NORMAN W. SWANSON #10 50 HARBOR VIEW LANE BELLEAIR BLUFFS FL 34640-2605
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3. Date Incorporated or Qualified 05/25/1973	3a. Date of Last Report 03/15/1995
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2. Principal Place of Business 21 C/O ROBERT M DOBBIE Suite, Apt. #, etc. 22 50 HARBOR VIEW LN City & State 23 BELLEAIR BLUFFS, FL. Zip 24 34640-2605	2a. Mailing Address 25 C/O ROBERT M DOBBIE Suite, Apt. #, etc. 26 50 HARBOR VIEW LN #23 City & State 27 BELLEAIR BLUFFS, FL. Zip 28 34640-2605 Country 29 PINELLAS 30 PINELLAS
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4. FEI Number 59-1873005	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
SWANSON, NORMAN W.
50 HARBOR VIEW LANE, APT 10
BELLEAIR BLUFFS FL 34640

10. Name and Address of New Registered Agent	
81 Name ROBERT M DOBBIE	82 Street Address (P.O. Box Number is Not Acceptable) 50 HARBOR VIEW LANE #23
83	
84 City BELLEAIR BLUFFS, FL	85 Zip Code FL 34640

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 M Dobbie DATE 1/24/96
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SWANSON, NORMAN W. 50 HARBOR VIEW LANE BELLEAIR BLUFFS, FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST LACKEY, WILLIAM 50 HARBOR VIEW LN BELLEAIR BLUFFS FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHIACCHIA, SAMUEL 50 HARBOR VIEW LN BELLEAIR BLUFFS FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD JORDAN, ANGELO 50 HARBOR VIEW LANE BELLEAIR BLUFFS, FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D UPMEYER, ERNST 50 HARBOR VIEW LANE BELLEAIR BLUFFS FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	PRESIDENT D ROBERT M DOBBIE 50 HARBOR VIEW LN #23 BELLEAIR BLUFFS FL 34640 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	TREASURER D ERNST UPMEYER 50 HARBOR VIEW LN #23 BELLEAIR BLUFFS FL 34640 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	SECRETARY D FRANK MAIELLO 50 HARBOR VIEW LN #12 BELLEAIR BLUFFS FL 34640 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition \$ Deposited by Bank @ 125

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(3)(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 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: Robert M Dobbie ROBERT M DOBBIE 1/24/96 581-5795
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)