

**ANNUAL REPORT
1985**

**SECRETARY OF STATE
DIVISION OF CORPORATIONS**

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DOCUMENT # 765432 (0)

**1. Corporation Name
HARBOR TOWNE MARINA CONDOMINIUM ASSOCIATION, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
6400 LAUREL CANYON BOULEVARD
SUITE 200
NORTH HOLLYWOOD CA 91806

3. Date Incorporated or Qualified 10/19/1982 **3a. Date of Last Report 02/14/1994**

4. FEI Number 58-1863466 **Applied For Not Applicable**

2. Principal Place of Business 21. Mailing Address
16633 VENTURA BLVD. 16633 VENTURA BLVD.

5. Certificate of Status Desired [X] \$8.75 Additional Fee Required

22. Suite, Apt. #, etc. SIXTH FLOOR **27. Suite, Apt. #, etc. SIXTH FLOOR**

6. Election Campaign Financing Trust Fund Contribution [] \$5.00 May Be Added to Fees

23. City & State ENCINO, CA **28. City & State ENCINO, CA**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status [] \$68.75 Supplemental Fee Not Required

24. Zip 91436 **25. Country USA** **29. Zip 91436** **30. Country USA**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [] Yes [X] No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VST	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SACHS, MICHAEL M.	1.2 NAME	
STREET ADDRESS	6400 LAUREL CANYON B.200	1.3 STREET ADDRESS	16633 VENTURA BLVD. 6th FLOOR
CITY - ST - ZIP	N. HOLLYWOOD CA	1.4 CITY - ST - ZIP	ENCINO, CA 91436
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SACHS, MICHAEL M.	2.2 NAME	
STREET ADDRESS	6400 LAUREL CANYON B.200	2.3 STREET ADDRESS	16633 VENTURA BLVD. 6th FLOOR
CITY - ST - ZIP	N. HOLLYWOOD CA	2.4 CITY - ST - ZIP	ENCINO, CA 91436
TITLE	VD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, PETER J.	3.2 NAME	
STREET ADDRESS	6400 LAUREL CANYON B.200	3.3 STREET ADDRESS	16633 VENTURA BLVD., 6th FLOOR
CITY - ST - ZIP	N. HOLLYWOOD CA	3.4 CITY - ST - ZIP	ENCINO, CA 91436
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, WILLIAM A.	4.2 NAME	
STREET ADDRESS	6400 LAUREL CANYON B.200	4.3 STREET ADDRESS	16633 VENTURA BLVD., 6th FLOOR
CITY - ST - ZIP	N. HOLLYWOOD CA	4.4 CITY - ST - ZIP	ENCINO, CA 91436
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - 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 110.07(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:

Peter J. Nelson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER J. NELSON

(818) 907-0400

Date

Daytime Phone #