

DOCUMENT # 716295 (1)

HARBOR LAKES OF NAPLES, INC.

APR 19 AM 8:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1155 SANDPIPER STREET NAPLES FL 33962-4531	Mailing Address 1155 SANDPIPER STREET NAPLES FL 33962-4531
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/02/1989	3a. Date of Last Report 05/16/1994
4. FEI Number 59-1353649	Applied For <input type="checkbox"/> 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent MOORE PROPERTY MANAGEMENT, INC. 745 12TH AVENUE, SOUTH SUITE D NAPLES FL 33940	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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10. Name and Address of New Registered Agent
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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 _____ (NOTE: Registered Agent signature required when restate) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD REED, OLYVE 1155 SANDPIPER STREET NAPLES FL 33962
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPO TILLER, JACK 1155 SANDPIPER STREET NAPLES FL 33962
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD BARRON, GEORGE 1155 SANDPIPER STREET NAPLES FL 33962
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WHITING, DAVID 1155 SANDPIPER STREET NAPLES FL 33962
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR, WILLIAM SANDPIPER STREET NAPLES FL 33962

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>Delete</i>
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	<i>P/D</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<i>D</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Reed, Dorothy 1155 Sandpiper ST Naples, FL 33962</i>
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>D PENN, Donald 1155 Sandpiper ST Naples, FL 33962</i>
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>S/T/D</i>

I, _____, a person 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 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 the authority of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name has not been changed, or on an attachment with an address.

W. Barron President *4/10/95* *813-262-5051*
Date Daytime Phone #