FILE NOW: FILING FEE IS \$61.25 FILED NÖNPROFIT FLORIDA DEPARTMENT OF STATE May 21 1997 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1997 DIVISION OF CORPORATIONS DOCUMENT # Harbon Lakes Principal Place of Business Mailing Address 745 12 M Ave S. 1155 Sand piper ST. Suite D Napl-15, FL 34102 Naples, FL 3410 2 2. Principal Place of Business 3. Date Incorporated or Qualified 3a. Date of Last Report 2a. Mailing Address Applied For Not Applicable 26 Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 83 11. Pursuant to the provisions of Sections 617/8502 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 shange was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, am familiar with, and accept the adjustions of, Section 617.0503, Florida Statutes. 4-23-97 Tanaer ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. TITLE 1.1 TITLE 1.2 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY - ST - ZIP CITY-ST-ZIP TITLE 21 1/fLE Change Addition Naples, FC 34102 Dorothy Red DELETE 1155 Sandpiper ST 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP Addition 3.1 TITLE TITLE 3.2 NAME Naples, FL 34102 D. I. Whiting DELETE 1155 Send piper ST. Naples, FL 34102 TO Jom Senner DELETE Naples, FL 34102 Naples, FL 34102 3.3 STREET ADDRESS STREET ADDRESS CITY+ST-ZIP 3 4. CITY - ST - ZIP Change 4.1 JITL€ TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP TITLE 51 TITLE ☐ Change NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP 6 1 TITLE TITLE 00000022022<u>0</u>0 -06/05/97--01002--018 6.2 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS ***61.25 14. Too hereby certify that the information supplied with this filling 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 617, Florida Statutes; and that my name appears in Block 12 or Block 2 (changed, or on an attachment with an address.

4-23-97 94/-2 12-505/