


FILE NOW: FILING FEE IS \$61.25

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**Jul 08 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 716295 (1)

1. Corporation Name
HARBOR LAKES OF NAPLES, INC.



Principal Place of Business 1155 SANDPIPER STREET NAPLES FL 34102	Mailing Address 745 12TH AVE., S. SUITE D NAPLES FL 34102
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3. Date Incorporated or Qualified 04/02/1969	Applied For <input type="checkbox"/> Not Applicable
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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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, S., SUITE D
NAPLES FL 34102**

10. Name and Address of New Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BARON, GEORGE	
STREET ADDRESS	1155 SANDPIPER STREET, #D-7	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	TILLER, JACK	
STREET ADDRESS	1155 SANDPIPER STREET, #E-4	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	SP	<input checked="" type="checkbox"/> DELETE
NAME	REED, DOROTHY	
STREET ADDRESS	1155 SANDPIPER STREET	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WHITING, IRENE	
STREET ADDRESS	1155 SANDPIPER STREET	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LENNER, TOM	
STREET ADDRESS	1155 SANDPIPER STREET	
CITY-ST-ZIP	NAPLES FL 34102	
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 checked="" type="checkbox"/> Addition
1.2 NAME	D. Richard Crane
1.3 STREET ADDRESS	1155 Sandpiper St. B-7
1.4 CITY-ST-ZIP	Naples, Fl 34102
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Marian Meyers
2.3 STREET ADDRESS	1155 Sandpiper St. C-2
2.4 CITY-ST-ZIP	Naples, Fl 34102
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Handwritten Signature]*

CR2E037 (10/97)