

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED AND FILED**

**95 APR 26 AM 11:05**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION ANNUAL REPORT 1995**

**FLORIDA DEPARTMENT OF STATE**  
Sandra B. Mathern  
Secretary of State  
DIVISION OF CORPORATIONS



**DOCUMENT # 740479 (1)**

1. Corporation Name  
**HARBOR SOUTH CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business      Mailing Address

**1786 CAPE CORAL PARKWAY  
CAPE CORAL FL 33904**      **1786 CAPE CORAL PARKWAY  
CAPE CORAL FL 33904**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified      3a. Date of Last Report  
**10/20/1977**      **03/11/1994**

4. FEI Number      Applied For  
**59-1160251**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional  
Fes Required**

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

7. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status       **\$68.75 Supplemental  
Fes Not Required**

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

2. Principal Place of Business      2a. Mailing Address

21. Suite, Apt. #, etc.      26. Suite, Apt. #, etc.

22. City & State      27. City & State

23. Zip      28. Zip      Country      29. Country

24.      25.      30.

9. Name and Address of Current Registered Agent

**HODDINOTT, RUTH  
1786 CAPE CORAL PKWY. #510  
CAPE CORAL FL 33904**

10. Name and Address of New Registered Agent

81. Name **PETER A STILPHEN**

82. Street Address (P.O. Box Number is Not Acceptable)  
**12563 NEW BRITANY BLVD**

83.

84. City **FT MYERS FL**      85. Zip Code **33907**

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 *Peter A Stilphen* **PETER A STILPHEN**      **4/15/95**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>TD</b>
NAME	<b>KAPLAN, ORVILLE</b>
STREET ADDRESS	<b>1786 CAPE CORAL PKWY #501</b>
CITY-ST-ZIP	<b>CAPE CORAL FL</b>
TITLE	<b>VD</b>
NAME	<b>CERTO, JOHN</b>
STREET ADDRESS	<b>1786 CAPE CORAL PKWY #509</b>
CITY-ST-ZIP	<b>CAPE CORAL, FL 00000</b>
TITLE	<b>PD</b>
NAME	<b>HARVEY JOHN</b>
STREET ADDRESS	<b>1786 CAPE CORAL PKWY #205</b>
CITY-ST-ZIP	<b>CAPE CORAL FL</b>
TITLE	<b>SB</b>
NAME	<b>HODDINOTT, RUTH</b>
STREET ADDRESS	<b>1786 CAPE CORAL PKWY #510</b>
CITY-ST-ZIP	<b>CAPE CORAL FL</b>
TITLE	<b>ASD</b>
NAME	<b>ANTON, KOSICEK</b>
STREET ADDRESS	<b>1786 CAPE CORAL PKWY #605</b>
CITY-ST-ZIP	<b>CAPE CORAL FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>HOTWAGNER, AL</b>	
3.3 STREET ADDRESS	<b>7017 NORTH RIDGE RD</b>	
3.4 CITY-ST-ZIP	<b>LANSING, MI 48917</b>	
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	<b>TD</b>	<input checked="" 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 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 local 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 in Block 14 if not changed.

SIGNATURE: *Albert Hotwagner*      **ALBERT HOTWAGNER**      **4/21/95**      **(813) 591-7775**

Signature, typed or printed name of officer or director      Date      Daytime Phone #