FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 20 PM 12:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 750911 (0)

1. Corporation Name

HARBORTOWN CONDOMINIUM ASSOCIATION OF THE LANDIN GS, INC.

Principal Place of Business	Mailing Address
11595 KELLY ROAD FT MYERS FL 33908 US	11595 KELLY ROAD FT MYERS FL 33908 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/04/1980
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1963003 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee 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 Fee 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

THE INNOVATIVE MANAGEMENT GROUP, INC.
11595 KELLY ROAD
FT MYERS FL 33908

10. Name and Address of New Registered Agent

81 Name: CAROL J. HENKE
82 Street Address (P.O. Box Number is Not Acceptable): C/O INNOVATIVE MANAGEMENT GROUP, INC.
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: Carol J. Henke — 4-10-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~P~~	1.1 TITLE	P/D	☒ Change ☒ Addition
NAME	MILLMAN, DORIS	1.2 NAME		
STREET ADDRESS	4837 SPRINGLINE DRIVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL	1.4 CITY-ST-ZIP	33919	
TITLE	~~VP~~	2.1 TITLE	D/S	☒ Change ☐ Addition
NAME	~~RYAN, BOB~~	2.2 NAME	NOTLAR, BARBARA	
STREET ADDRESS	~~4733 HARBORTOWN LANE~~	2.3 STREET ADDRESS	4749 HARBORTOWN LANE	
CITY-ST-ZIP	~~FT MYERS FL~~	2.4 CITY-ST-ZIP	FORT MYERS, FL 33919	
TITLE	T	3.1 TITLE	T/D	☐ Change ☒ Addition
NAME	OSWALT, PHIL	3.2 NAME		
STREET ADDRESS	5010 DOCKSIDE DRIVE #202	3.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL	3.4 CITY-ST-ZIP	33919	
TITLE	~~D~~	4.1 TITLE	D	☒ Change ☐ Addition
NAME	~~BOWERS, JACK~~	4.2 NAME	RICE, CAROL	
STREET ADDRESS	~~5015 HARBORTOWN LANE~~	4.3 STREET ADDRESS	4850 DOCKSIDE DR. #204	
CITY-ST-ZIP	~~FT MYERS FL~~	4.4 CITY-ST-ZIP	FORT MYERS, FL 33919	
TITLE	~~D~~	5.1 TITLE	VP/D	☒ Change ☐ Addition
NAME	GADALETA, MIKE	5.2 NAME		
STREET ADDRESS	5008 HARBORTOWN LANE	5.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL	5.4 CITY-ST-ZIP		
TITLE	~~ATD~~	6.1 TITLE	AT/D	☒ Change ☐ Addition
NAME	WALKER, SHEILA	6.2 NAME		
STREET ADDRESS	4710 HARBORTOWN LANE	6.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL 33919	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 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: Doris Millman (DORIS MILLMAN) 4/12/95 813-481-0025
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

001B029

7 of 11

Harbortown Condominium Association, Inc.

D
Fenn, John, M.D.
5000 Harbortown Lane
Fort Myers, FL 33919

D
Evans, Rachel
4747 Harbortown Lane
Fort Myers, FL 33919

75094

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