## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1	9	9	6

DOCUMENT #

1. Corporation Name 750911 (0)

## HARBORTOWN CONDOMINIUM ASSOCIATION OF THE LANDIN GS, INC.

Principal Place	of Business	Mailing Address	-	E NOBINE (BODEL BENER BOUND INCOM	I NIBI BIBIL DIQUI BIBIL BIBIL BIBIL DIQUI IDDI	
11595 KELLY ROAD 11595 KELLY ROAD						
11595 KELLY ROAD 11595 KELLY ROAD FT MYERS FL 33908 FT MYERS FL 33908						
US		US		3. Date Incorporated or Qualified	3a. Date of Last Report	
				02/04/1980	04/20/1995	
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21 /266/ NEW BRITTANY Blue 26 12661 NEW BRITTANY Blu		59-1963003	Not Applicable			
Suite, Apt. #	¥, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional	
22		27		5. Certilicate of Status Desired	Fee Required	
City & State City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be			
23	· 28			Trust Fund Contribution	Added to Fees	
Zip 24 3390	Country Zip Country			8. This corporation has liability for in		
24 357	25 U.S.M.	29 33907	30 U.S.A.	Florida Statutes  10. Name and Address of New R	Yes No	
	9. Name and Address of Current	negistered Agent	81 Name		<del></del>	
			Ŭ H Ĕ	NKE CAROL J. 90 MAI Address P.O. Box Number is Not Acceptable	eouis mant	
	CAROL J.		82 Street	Address, P.O. Box Number is Not Acceptable	e) Q140	
	OVATIVE MANAGEMENT GROUP	INC	83	OGI NEW BRITTANY	(PIVI)	
FT MYEF	RS FL 33908		03			
			84 City	4 muse	85 Zip Code	
44.6		1017 1500 Ft. 11. Oct.		MYFRS	FL   33907	
or registere	ed agent, or both, in the State of Florida	<ul> <li>a. Such change was authorize</li> </ul>	s, the above-named co Id by the corporation's	orporation submits this statement for the purp board of directors. I hereby accept the appo	pose of changing its registered onice i pintment as registered agent. I am	
familiar wit	h, and accept the obligations of Section	on 617.0503, Florida Statutes.		.,	,	
SIGNATURE _	Garal & Herek	e (	AROL I	HENKE	9-35-96	
12.	Signature, typed or printed name of registered agent a OFFICERS AND		E Registered Agent signature r	ADDITIONS/CHANGES TO OFFI		
TITLE	PD	DELETE	1.1 TOTLE	Vn	Change Addition	
NAME	MILLMAN, DORIS	<b>L.,</b>	1.2 NAME	175		
STREET ADDRESS	4837 SPRINGLINE DRIVE		1.3 STREET ADDRESS			
CITY-ST-ZIP	FT. MYERS FL		1.4 CITY-ST-ZIP			
TITLE	DS DS	DELETE	2.1 TITLE		☐ Change ☐ Addition	
NAME	KOTLAR, BARBARA		2.2 NAME			
STREET ADDRESS	4769 HARBORTOWN LANE		2 3 STREET ADDRESS			
CITY-ST-ZIP	FT MYERS FL		2.4 CITY-ST-ZIP			
TITLE	TD	DELETE	3 1 TITLE		Change Addition	
NAME	OSWALT, PHIL		32 NAME			
STREET ADDRESS	5010 DOCKSIDE DRIVE #202		3.3 STREET ADDRESS			
CITY - ST - ZIP	FT MYERS FL		3.4. CITY-ST-ZIP			
TITLE	D	DELETE	4.1 TITLE		Change Addition	
NAME	RICE, CAROL		4. 2 NAME			
STREET ADDRESS	4850 DOCKSIDE DR. #204		4.3 STREET ADDRESS			
CITY-ST-ZIP	FT MYERS FL		4.4 CITY-ST-ZIP			
TITLE	VPD	DELETE	5.1 TITLE	DP	Change	
NAME	GADALETA, MIKE		5.2 NAME	<b>~</b> [`		
STREET ADDRESS	5008 HARBORTOWN LANE		. 5.3 STREET ADDRESS			
CITY-ST-ZIP	FT MYERS FL		5.4 CITY-ST-ZIP			
TITLE	ATD	<b>Æ</b> DELETE	6.1 TITLE	D	Change Addition	
NAME	WALKER, SHEILA		6.2 NAME	TIFFT, GEORGE		
STREET ADDRESS	4710 HARBORTOWN LANE		6.3 STREET ADDRESS	TIFFT, GEORGE 4743 HARBORTOWN LA	ive	
CITY-ST-ZIP	FT MYERS FL		6.4 CITY - ST - ZIP	Ft. MVERS, FL 339, alify for the exemption stated in Section 119.	19	
14. I do hereb	y certify that the information supplied w	rith this filing is voluntarily furnis	shed and does not qua	alify for the exemption stated in Section 119.	07(3)(k), Florida Statutes. I further same legal effect as if made under	
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 attackment with an address.						
appears in block 12 or block 13 if changed, or on an abadyment with an address.						
SIGNAT	TIDE: MILLARA DI	WHO do lite	- >	4/25/96	941-939-3461	
SIGNAI	UNE: ///www	worm w	D OD DIRECTOR	1 Costs	Dodge Phone	

GNING OFFICER OR DIRECTOR

941 - 939 - 3461 Daytine Phone #