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FILED
May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **750911** **(0)**

1. Corporation Name

HARBORTOWN CONDOMINIUM ASSOCIATION OF THE LANDIN GS, INC.

Principal Place of Business	Mailing Address
6213 E PREDSIDENTIAL CT FT MYERS FL 33919 US	6213 E PRESIDENTIAL CT FT MYERS FL 33919 US

3. Date Incorporated or Qualified: 02/04/1980

4. FEI Number: 59-1963003 ☐ Applied For ☐ Not Applicable

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 24 / Country 25	Zip 29 / Country 30

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HENKE PROPERTY MANAGEMENT 6213 E PRESIDENTIAL CT FT MYERS FL 33919	81 Name: CAROL J. HENKE 82 Street Address (P.O. Box Number is Not Acceptable): c/o HENKE PROPERTY MANAGEMENT, INC 83: 6213 PRESIDENTIAL CT, STE E 84 City: FORT MYERS FL 85 Zip Code: 33919

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: Carol J. Henke — 3-30-98
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	D	☐ DELETE	1.1 TITLE		☐ Change ☒ Addition
NAME	FENN, DR JOHN		1.2 NAME		
STREET ADDRESS	5000 HARBORTOWN LN		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL		1.4 CITY-ST-ZIP	33919	
TITLE	DS	☒ DELETE	2.1 TITLE	D/S	☒ Change ☐ Addition
NAME	KOTLAR, BARBARA		2.2 NAME	B.J. COUGHLIN	
STREET ADDRESS	4769 HARBORTOWN LANE		2.3 STREET ADDRESS	4850 DOCKSIDE # 203	
CITY-ST-ZIP	FT MYERS FL		2.4 CITY-ST-ZIP	FORT MYERS, FL 33919	
TITLE	TD	☐ DELETE	3.1 TITLE		☐ 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	☐ 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	33919	
TITLE	DP	☐ DELETE	5.1 TITLE		☐ 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	33919	
TITLE	VD	☐ DELETE	6.1 TITLE		☐ Change ☒ Addition
NAME	TIFFT, GEORGE		6.2 NAME		
STREET ADDRESS	4743 HARBORTOWN LANE		6.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL		6.4 CITY-ST-ZIP	33919	

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: Michael V Gadaleta — 4/7/98 — 941-482-3439

CR2E037 (10/97)