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NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 750911

527903 - 90042 - 21

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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	02/04/1980
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1963003 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

HENKE, C J
6213 E PRESIDENTIAL CT
FT MYERS FL 33919

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	VP/D	☒ Change ☐ Addition
NAME	FENN, DR JOHN		1.2 NAME		
STREET ADDRESS	5000 HARBORTOWN LN		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL 33919		1.4 CITY-ST-ZIP		
TITLE	DS	☒ DELETE	2.1 TITLE	S/D	☐ Change ☒ Addition
NAME	COUGHLIN, B J		2.2 NAME	BETSY NORTON	
STREET ADDRESS	4850 DOCKSIDE, 203		2.3 STREET ADDRESS	4980 DOCKSIDE #204	
CITY-ST-ZIP	FT MYERS FL 33919		2. 4 CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	TD	☒ DELETE	3.1 TITLE	T/D	☐ Change ☒ Addition
NAME	OSWALT, PHIL		3.2 NAME	DORIS MILLMAN	
STREET ADDRESS	5010 DOCKSIDE DRIVE #202		3.3 STREET ADDRESS	4837 SPRINGLINE	
CITY-ST-ZIP	FT MYERS FL 33919		3.4. CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	D	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	RICE, CAROL		4. 2 NAME	BOB DALTON	
STREET ADDRESS	4850 DOCKSIDE DR. #204		4.3 STREET ADDRESS	4755 HARBORTOWN LANE	
CITY-ST-ZIP	FT MYERS FL 33919		4.4 CITY-ST-ZIP	FORT MYERS FL 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 33919		5.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	TIFFT, GEORGE		6.2 NAME	PAT ANDRUS	
STREET ADDRESS	4743 HARBORTOWN LANE		6.3 STREET ADDRESS	5010 DOCKSIDE DR #201	
CITY-ST-ZIP	FT MYERS FL 33919		6.4 CITY-ST-ZIP	FORT MYERS FL 33919	

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Michael Gadaleta SIGNATURE REQUIRED 4/27/99 941-482-3439
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #