2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State
04-30-2004 90217 007 ****61.25

DOCUMENT # 750911

1. Entity Name

HARBORTOWN CONDOMINIUM ASSOCIATION OF THE LANDINGS, INC.

Principal Place of Business	Mailing Address
6213-A PRESIDENTIAL CT FT MYERS FL 33919 US	6213-A PRESIDENTIAL CT FT MYERS FL 33919 US

MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
c/o Henke Property Mgt Inc Suite, Apt. #, etc.	c/o Henke Property Mgt Inc Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HENKE, C J 6213-A PRESIDENTIAL CT FT MYERS FL 33919	Name: Henke, Carol J Street Address (P.O. Box Number is Not Acceptable): c/o Henke Property Mgt Inc 6213 A Presidential Ct City: Ft Myers **FL** Zip Code: 33919

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE

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

FILE NOW: FEE IS $61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOOD, JOHN 4850 DOCKSIDE DRIVE #102 FT. MYERS FL 33919	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FOREMAN, ARLENE 4841 SPRINGLINE DR FORT MYERS FL 33919	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP S/D Foreman, Arlene	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JACK, JOHN 4765 HARBORTOWN LANE FORT MYERS FL 33919	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP D Dalton, Bob 4755 Harbortown Ln Ft Myers FL 33919	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD CORACE, JAMES 4838 SPRINGTIME DR FT MYERS FL 33919	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP V/D Corace, James 4838 Springline Dr Ft Myers FL 33919	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DUNLAP, TERRY 4980 DOCKSIDE DRIVE #102 FT MYERS FL 33919	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP P/T/D Dunlap, Terry	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CLEMENTE, LINDA 5031 HARBORTOWN LANE FT MYERS FL 33919	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP D Croft, Michael 4850 Dockside Drive #202 Ft Myers FL 33919	☐ Change ☒ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/1/04 239-481-7150

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #