

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

55 MAR 15 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000002624 (5)

1. Corporation Name

HARBOR LAKES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

6702 LONE OAK BLVD.
NAPLES FL 33942

6702 LONE OAK BLVD.
NAPLES FL 33942

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/07/1993

3a. Date of Last Report
05/01/1994

4. FEI Number
65-0421618

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MAYS, KEVIN
6702 LONE OAK BLVD.
NAPLES FL 33942**

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **TD**
NAME **RUEMLER, TIM**
STREET ADDRESS **6702 LONE OAK BLVD.**
CITY-ST-ZIP **NAPLES FL 33942**

1.1 TITLE **DT** ☒ Change ☐ Addition
1.2 NAME **DON CASE, JR.**
1.3 STREET ADDRESS **27040 LAKE HARBOR CT #N101**
1.4 CITY-ST-ZIP **BONITA SPRINGS, FL 33923**

TITLE **D**
NAME **FERNUNG, FORREST**
STREET ADDRESS **27021 LAKE HARBOR CT, #B202**
CITY-ST-ZIP **BONITA SPRINGS FL**

2.1 TITLE **P** ☒ Change ☐ Addition
2.2 NAME **ED SWIFT**
2.3 STREET ADDRESS **27070 LAKE HARBOR CT #202**
2.4 CITY-ST-ZIP **BONITA SPRINGS, FL 33923**

TITLE **PD**
NAME **MAYS, KEVIN**
STREET ADDRESS **6702 LONE OAK BLVD.**
CITY-ST-ZIP **NAPLES FL 33942**

3.1 TITLE **D** ☒ Change ☐ Addition
3.2 NAME **ED SWIFT**
3.3 STREET ADDRESS **27070 LAKE HARBOR CT #202**
3.4 CITY-ST-ZIP **BONITA SPRINGS, FL 33923**

TITLE **S**
NAME **RUCKER, TERESA**
STREET ADDRESS **C/O 6702 LONE OAK BLVD.**
CITY-ST-ZIP **NAPLES FL 33942**

4.1 TITLE **D** ☒ Change ☐ Addition
4.2 NAME **JIM RUSSELL**
4.3 STREET ADDRESS **27011 LAKE HARBOR CT #101**
4.4 CITY-ST-ZIP **BONITA SPRINGS, FL 33923**

TITLE **D**
NAME **ROGERS, JOHN**
STREET ADDRESS **27030 LAKE HARBOR CT, #O102**
CITY-ST-ZIP **BONITA SPRINGS FL**

5.1 TITLE **V** ☒ Change ☐ Addition
5.2 NAME **V**
5.3 STREET ADDRESS **V**
5.4 CITY-ST-ZIP **V**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE **V** ☐ Change ☐ Addition
6.2 NAME **V**
6.3 STREET ADDRESS **V**
6.4 CITY-ST-ZIP **V**

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)(k), 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/95

Date

Daytime Phone #