FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

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~~

3. Date Incorporated or Qualified: 06/07/1993
3a. Date of Last Report: 03/15/1995

2. Principal Place of Business	2a. Mailing Address
21 C/O INTEGRATED PROPERTY MGMT	26 C/O INTEGRATED PROPERTY MGMT
Suite, Apt. #, etc. 22 3435 10TH STREET N #201	Suite, Apt. #, etc. 27 3435 10TH STREET N #201
City & State 23 NAPLES, FL 33940	City & State 28 NAPLES, FL
Zip / Country 24 33940 / 25 COLLIER	Zip / Country 29 33940 / 30 COLLIER

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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: SCOTT HENNELLS 82 Street Address (P.O. Box Number is Not Acceptable): 9220 BONITA BEACH RD. SUITE 108 83 84 City: BONITA SPRINGS FL 85 Zip Code: 33923

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: Scott D. Hennells — Scott D. Hennells — DATE: 4/25/96
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	~~DT~~	☑ DELETE	1.1 TITLE	VICE PRESIDENT/DIRECTOR	☐ Change ☑ Addition
NAME	~~OASE, DON J~~		1.2 NAME	PENDLETON, JANE	
STREET ADDRESS	~~27040 LAKE HARBOR CT., #N101~~		1.3 STREET ADDRESS	27080 LAKE HARBOR CT. K-101	
CITY-ST-ZIP	~~BONITA SPRINGS F~~		1.4 CITY-ST-ZIP	BONITA SPRINGS, FL 33923	
TITLE	P	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FERNUNG, FORREST		2.2 NAME		
STREET ADDRESS	27021 LAKE HARBOR CT, #B202		2.3 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL		2.4 CITY-ST-ZIP		
TITLE	~~D~~	☑ DELETE	3.1 TITLE	SECRETARY/TREASURER/DIRECTOR	☐ Change ☑ Addition
NAME	~~STREIT, ED~~		3.2 NAME	STEVENS, BILL	
STREET ADDRESS	~~27070 LAKE HARBOR CT #202~~		3.3 STREET ADDRESS	27090 LAKE HARBOR CT. J-103	
CITY-ST-ZIP	~~BONITA SPRINGS FL~~		3.4 CITY-ST-ZIP	BONITA SPRINGS, FL 33923	
TITLE	~~D~~	☑ DELETE	4.1 TITLE	DIRECTOR	☐ Change ☑ Addition
NAME	~~RUSSELL, JIM~~		4.2 NAME	GOPLIN, TERRY	
STREET ADDRESS	~~27011 LAKE HARBOR CT 3101~~		4.3 STREET ADDRESS	27011 LAKE HARBOR CT. A201	
CITY-ST-ZIP	~~BONITA SPRINGS FL~~		4.4 CITY-ST-ZIP	BONITA SPRINGS, FL 33923	
TITLE	~~D~~	☑ DELETE	5.1 TITLE	DIRECTOR	☐ Change ☑ Addition
NAME	~~ROGERS, JOHN~~		5.2 NAME	GERWIN, PAUL	
STREET ADDRESS	~~27030 LAKE HARBOR CT, #0102~~		5.3 STREET ADDRESS	27020 LAKE HARBOR CT. P203	
CITY-ST-ZIP	~~BONITA SPRINGS~~ FL		5.4 CITY-ST-ZIP	BONITA SPRINGS, FL 33923	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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: Scott D. Hennells — 4-22-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #