FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 08 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N93000002624 (5)

HARBOR LAKES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business		Mailing Address			1 19811191 616 10160 61111 60				
% INTEGRATED PROPERTY MGMT 3435 10TH ST N. #201		% INTEGRATED PROPERTY MGMT 3435 10TH ST N. #201 NAPLES FL 34103-3815 US							
NAPLES FL 33940 US					3. Date Incorporated or Qua 06/07/1993	3. Date Incorporated or Qualified 3a. Date of Last Report 05/01/1996			
<u> </u>	lace of Business	2a. Mailing Address			4. FEI Number		h+-	pplied For	
21		26			65-0421618 Not Applicable				
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desir	ed 🔲	\$8.75 Additional Fee Regulred		
City & State		City & State			6. Election Campaign Finance	cina		May Be	
23		28			Trust Fund Contribution Added to Fees				
Zip	Country Zip			Country 8. This corporation has liability for intangible tax under s. 199.032,			s. 199.032,		
24	25 9. Name and Address of Current	29 30			Florida Statutes Yes No 10. Name and Address of New Registered Agent				
	s. Hame and Address of Content	IV. Hame Blid Addless Of N	ew negister	IBU AYEIII					
HENNELLS, SCOTT			81]					
	ONITA BCH RD, STE 108		82 Street Add		ddress (P.O. Box Number is Not Acceptable)				
	SPRINGS FL 33923		83		· · · · · · · · · · · · · · · · · · ·				
- 5,,,,,,,			84	City			85 Zip	Code	
			i	1			-L ``	i	
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 Signature, typed or printed name of registered agent and title II applicable. (NOTE: Rig stored Agent signature required whon reinstating) DATE									
12.	OFFICERS AND		13,		ADDITIONS/CHANGES TO		AND DIRECTO		
TITLE	VPD	DELETE	1.1 TITLE		SECRETARY TREA	SURER	☐ Change	Addition	
NAME PENDLETON, JANE			1.2 NAME		BRIDE, ROBERT 27071 LAKE HAR				
STREET ADDRESS	27080 LAKE HARBOR CT, K-1	01	1.3 STREET ADDRESS		SJOJI TAKE HUKA	BOR CI	, 6-101	1	
CITY-ST-ZIP	BONITA SPRINGS F	DELETE	1.4 DITY-	ST-ZIP	BONITA SPRINGS,	F-C-	[7] Ai	7.7	
TITLE	P Provide CARREST	DETELL	2.1 TITLE				Change	☐ Addition	
NAME CTOSET ADDRESS	FERNUNG, FORREST	ሳስሳ	2.2 NAME						
STREET ADDRESS	27021 LAKE HARBOR CT, #B BONITA SPRINGS FL	202	2.3 STREET ADDRESS					ł	
CITY-\$T-ZIP TITLE	STD DELETE		2.4 CITY-ST-ZIP 3.1 TITLE		PRESIDENT		Change	☐ Addition	
NAME	STEVENS, BILL		3.2 NAME		1100001		ETI OLGUĞO	7,001.07	
STREET ADDRESS	27090 LAKE HARBOR CT, J-10	กร		ADDRESS				ł	
CITY-ST-ZIP	BONITA SPRINGS FL	00	3.4. CITY-						
TITLE	D DELETE		4.1 TITLE				Change	Addition	
NAME	GOPLIN, JERRY		4. 2 NAME						
STREET ADDRESS	27011 LAKE HARBOR CT, A-2	01	4.3 STREET	ADDRESS				ĺ	
CITY-ST-ZIP	BONITA SPRINGS FL.		4.4 City - S	ST - ZIP					
TITLE	D	DELETE	5.1 TITLE		VICE PRESIDENT	; ——	K Change	Addition	
NAME	GERWIN, PAUL		5.2 NAME						
STREET ADDRESS	27020 LAKE HARBOR CT, P-2	03	5.3 STREET	ADDRESS					
CITY+\$1-ZIP	BONITA SPRINGS FL	T NOTE TO	54 CITY-5	ST- ZIP	N.O. (2002)		TT	No.	
TITLE		DELETE 61T			DIRECTOR	N.C	L Change	X Addition	
NAME			6.2 NAME		WORTHINGTON J STON LAKE HAR	SCE OT	C 262		
STREET ADDRESS			6.3 STREE	į.	BONITA SPRINGS	5	1 Agag	`	
CITY-ST-ZIP	by certify that the information supplied	with this filing does not qualify	6.4 CITY-S				ther partifu the	t the	
14. I do hereby certify that the information supplied with this filling 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 eath; that									
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 trusted employees 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 a dates.									