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FILED
May 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # N93000002624

1. Corporation Name
HARBOR Lakes Condo Assoc. 2nd.

Principal Place of Business
BONITA Springs, FL

Mailing Address
c/o Property MANAG. Proff.
100 Vineyards BLVD
NAPLES, FL 34119

3. Date Incorporated or Qualified
JUNE 4, 1993

4. FEI Number
65-042/618
☐ Applied For
☐ Not Applicable

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. #, etc
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28

Zip / Country
24 / 25

Zip / Country
29 / 30

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

Kim Coomer, MANAGER
c/o PMP
100 Vineyards Blvd
NAPLES, FL 34119

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 Kim D. Coomer 4/26/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Bill Stevens		1.2 NAME	
STREET ADDRESS	27090 Lake Harbor Ct. #103		1.3 STREET ADDRESS	
CITY-ST-ZIP	Bonita Springs, FL 34134		1.4 CITY-ST-ZIP	
TITLE	V/D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	PAUL BERWIN		2.2 NAME	
STREET ADDRESS	27020 Lake Harbor Ct #203		2.3 STREET ADDRESS	
CITY-ST-ZIP	Bonita Springs, FL 34134		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	JOE WORTHINGTON		3.2 NAME	
STREET ADDRESS	27071 Lake Harbor Ct #101		3.3 STREET ADDRESS	
CITY-ST-ZIP	Bonita Springs, FL 34134		3.4 CITY-ST-ZIP	
TITLE	T/D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BOB BRICE		4.2 NAME	
STREET ADDRESS	27071 Lake Harbor Ct #202		4.3 STREET ADDRESS	
CITY-ST-ZIP	Bonita Springs, FL 34134		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	100002539861
STREET ADDRESS			5.3 STREET ADDRESS	-05/29/98--01001--004
CITY-ST-ZIP			5.4 CITY-ST-ZIP	***61.25
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	

JV 5/28

CR2E037 (10/97)

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 added with an address.

SIGNATURE: [signature] 4/30/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #