2005 NOT-FOR-PROFIT CORPORATION . ANNUAL REPORT (AR)

DOCUMENT # N93000002624

Mar 12, 2005 08:00 AM **Secretary of State** HARBOR LAKES CONDOMINIUM ASSOCIATION, INC. Mailing Address Principal Place of Business C/O WBG SW FL INC. 3461 BONITA BAY BOULEVARD #101 BONITA SPRINGS FL 34134 27001 LAKE HARBOR COURT BONITA SPRINGS FL 34134 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc Suite, Apt #, etc. 1st MOORE CR2E037 (10/04) Applied For City & State City & State 4. FEI Number 65-0421618 Not Applicable Country Zip Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent Name BACHMAN, BOB C/O WGB SOUTHWEST FL. INC Street Address (P.O. Box Number is Not Acceptable) 27800 OLD 41 ROAD **BONITA SPRINGS FL 34135** Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTOR 11. 10. Change ☐ Addition TITLE THE Delete HJALMQUIST, JOAN NAME NAME 27050 LAKE HARBOR CRT. #202 STREET ADDRESS STREET ADDRESS U00000261315 BONITA SPRINGS FL 34134 CITY-ST-ZIP CITY-ST-ZIP VPD TITLE ☐ Addition TITLE ☐ Defete BLATT, MONTY NAME NAME 27091 LAKE HARBOR CT #102 STREET ADDRESS STREET ADDRESS **BONITA SPRINGS FL 34134** City-St-7IP CITY-ST-ZIP Addition ☐ Defete TITLE Change TITLE MCDONNELL, JOHN NAME NAME 27080 LAKE HARBOR CT #102 STREET ADDRESS STREET ADDRESS BONITA SPRINGS FL 34134 CITY-ST-ZIP CITY-ST-ZIP TITLE П Сћапое ☐ Addition TITLE Delete JACKSON, STEVE NAME NAME 27020 LAKE HARBOR CT. #103 STREET ADDRESS STREET ADDRESS **BONITA SPRINGS FL 34134** CITY-ST-ZIP CITY - ST - ZIP TITLE Change ☐ Addition ☐ Detete TITLE MCGRATH, TOM NAME NAME 27021 LAKE HARBOR COURT #B202 STREET ADDRESS STREET ADDRESS **BONITA SPRINGS FL 34134** CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-7IE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(f), 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.

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

Davirne Phone #