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Apr 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000003539 (3)**

1. Corporation Name

HARBOR WINDS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**9551 BAYMEADOWS ROAD
SUITE #4
JACKSONVILLE FL 32256-0107
US**

**9551 BAYMEADOWS ROAD
SUITE #4
JACKSONVILLE FL 32256-0107
US**

3. Date Incorporated or Qualified

07/14/1994

4. FEI Number

59-3255971

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 9471 Baymeadows Rd.

26 9471 Baymeadows Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Ste. 404

27 Ste. 404

City & State

City & State

23 Jacksonville, FL

28 Jacksonville, FL

Zip

Country

Zip

Country

24 32256

25 Duval

29 32256

30 Duval

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WALLACE, L D
9551 BAYMEADOWS ROAD SUITE #4
JACKSONVILLE FL 32256**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**VDT
KNOWLES, MARK A
3840 CROWN POINT ROAD, SUITE A
JACKSONVILLE FL**

TITLE ☐ DELETE

**SDV
HOLLAND, BEVERLY
3840 CROWN POINT ROAD, SUITE A
JACKSONVILLE FL**

TITLE ☐ DELETE

**PD
COLLINS, J.D.
3840 CROWN POINT ROAD, SUITE A
JACKSONVILLE FL**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 in an attachment with an address.

SIGNATURE:

Mark A. Knowles

3/24/98 (904) 268-8500

CR2E037 (10/97)