


FILE NOW: FILING FEE IS \$61.25

FILED
Jun 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000006607 (2)**

1. Corporation Name

HARBOR BEND HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business 5449 SOUTH SEMORAN BLVD. STE. 20 ORLANDO FL 32822	Mailing Address 5449 SOUTH SEMORAN BLVD. STE. 20 ORLANDO FL 32822
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3. Date Incorporated or Qualified

11/24/1997

4. FEI Number

59-3494188

Applied For

Not Applicable

2. Principal Place of Business 21 2816 E. ROBINSON ST. Suite, Apt. #, etc. 22 SUITE 200 City & State 23 ORLANDO, FL Zip 24 32803	2a. Mailing Address 26 2816 E. ROBINSON ST. Suite, Apt. #, etc. 27 SUITE 200 City & State 28 ORLANDO, FL Zip 29 32803
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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

**PRATT, JAMES R
369 NORTH NEW YORK AVENUE
3RD FLOOR
WINTER PARK FL 32789**

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

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT HAWKINS, KEVIN B 5449 SOUTH SEMORAN BLVD. STE. 20 ORLANDO FL 32822 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	DPT KEVIN B. HAWKINS 2816 E. ROBINSON ST., SUITE 200 ORLANDO, FL 32803 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HOLLO, TIBOR 5449 SOUTH SEMORAN BLVD. STE. 20 ORLANDO FL 32822 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	DS TIBOR HOLLO 2816 E. ROBINSON ST., SUITE 200 ORLANDO, FL 32803 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HOLLO, JEROME 5449 SOUTH SEMORAN BLVD. STE. 20 ORLANDO FL 32822 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	DV JEROME HOLLO 2816 E. ROBINSON ST., SUITE 200 ORLANDO, FL 32803 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 on an attachment with address.

SIGNATURE

53690

1117 662-3207

CR2E037 (10/97)