

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90133 047 ****61.25

DOCUMENT # N98000003307

1. Corporation Name

HARBOR LIGHTS MOBILE OWNERS' RESORT, INC.

Principal Place of Business

**8618 EAST GOSPEL ISLAND ROAD
LOT 33
INVERNESS FL 34450**

Mailing Address

**8618 EAST GOSPEL ISLAND ROAD
LOT 33
INVERNESS FL 34450**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/09/1998

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

52 2160289

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

23 Zip

Country

Citrus

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RIDGELY, SHARON K
8618 EAST GOSPEL ISLAND ROAD
LOT 33
INVERNESS FL 34450**

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 *Sharon K Ridgely*

(NOTE: Registered Agent signature required when reinstating)

DATE **5/1/99**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **TAPPAN, JERRY**
STREET ADDRESS **8618 EAST GOSPEL ISLAND ROAD, LOT 38**
CITY-ST-ZIP **INVERNESS FL 34450** **58**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **D** ☐ DELETE
NAME **MEADOWCROFT, BILL**
STREET ADDRESS **8618 EAST GOSPEL ISLAND ROAD, LOT 38**
CITY-ST-ZIP **INVERNESS FL 34450** **50**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **D** ☐ DELETE
NAME **PORTER, ELSIE**
STREET ADDRESS **8618 EAST GOSPEL ISLAND ROAD, LOT 38**
CITY-ST-ZIP **INVERNESS FL 34450** **52**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **D** ☐ DELETE
NAME **HOENING, KAY**
STREET ADDRESS **8618 EAST GOSPEL ISLAND ROAD, LOT 38**
CITY-ST-ZIP **INVERNESS FL 34450** **54**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **D** ☐ DELETE
NAME **RIDGELY, SHARON**
STREET ADDRESS **8618 EAST GOSPEL ISLAND ROAD, LOT 33**
CITY-ST-ZIP **INVERNESS FL 34450**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **D** ☐ DELETE
NAME **SWARTZ, BUD**
STREET ADDRESS **8618 EAST GOSPEL ISLAND ROAD, LOT 38**
CITY-ST-ZIP **INVERNESS FL 34450** **46**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ 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 an address, with all other like empowered.

SIGNATURE:

Sharon K Ridgely
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/99

**352-341
1370**

CR2E037 (1/98)

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