

**FILED**  
**Mar 03, 2004 8:00 am**  
**Secretary of State**

03-03-2004 90004 022 \*\*\*\*61.25

**DOCUMENT # N98000003307**

**1. Entity Name**  
**HARBOR LIGHTS MOBILE OWNERS' RESORT, INC.**



**Principal Place of Business**  
**8618 EAST GOSPEL ISLAND ROAD**  
**LOT 15**  
**INVERNESS FL 34450**

**Mailing Address**  
**8618 EAST GOSPEL ISLAND ROAD**  
**LOT 15**  
**INVERNESS FL 34450**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number 52-2160289**

Applied For  
 Not Applicable

**5. Certificate of Status Desired**

**\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**DENTON, MARGARET**  
**8618 EAST GOSPEL ISLAND ROAD**  
**LOT 20**  
**INVERNESS FL 34450**

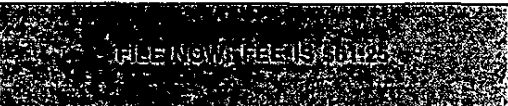
**Name** PATRICIA COMMON  
**Street Address (P.O. Box Number is Not Acceptable)** 8618 E. GOSPEL ISLAND RD  
LOT 43  
**City** INVERNESS **FL** **Zip Code** 34450

**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** Patsy A. Common  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE



**9. Election Campaign Financing**  
 Trust Fund Contribution. ☐

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

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	D	<input type="checkbox"/> Delete
NAME	HAMMERS, PATRICIA	
STREET ADDRESS	8618 E. GOSPEL ISLAND RD. #15	
CITY-ST-ZIP	INVERNESS FL 34450	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALBERTSON, FOREST	
STREET ADDRESS	8618 E. GOSPEL ISLAND RD #51	
CITY-ST-ZIP	INVERNESS FL 34450-2756	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEADOWCROFT, KAY	
STREET ADDRESS	8618 E GOSPEL RD #50	
CITY-ST-ZIP	INVERNESS FL 34450	
TITLE	D	<input type="checkbox"/> Delete
NAME	WELCH, DICK	
STREET ADDRESS	8618 E GOSPEL ISLAND RD # 38	
CITY-ST-ZIP	INVERNESS FL 34450	
TITLE	D	<input type="checkbox"/> Delete
NAME	DICKINSON, HOWARD	
STREET ADDRESS	8618 E. GOSPEL ISLAND RD. #50	
CITY-ST-ZIP	INVERNESS FL 34450	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAY HOEING	
STREET ADDRESS	8618 E GOSPEL ISLAND RD #54	
CITY-ST-ZIP	INVERNESS FL 34450	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOROTHY DOWDELL	
STREET ADDRESS	8618 E GOSPEL ISLAND RD #49	
CITY-ST-ZIP	INVERNESS FL 34450	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAIL BASSETT	
STREET ADDRESS	8618 E GOSPEL ISLAND RD #52	
CITY-ST-ZIP	INVERNESS FL 34450	
TITLE	TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAT COMMON	
STREET ADDRESS	8618 E GOSPEL ISLAND RD #43	
CITY-ST-ZIP	INVERNESS FL 34450	
TITLE	SOCIAL DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD DICKINSON	
STREET ADDRESS	8618 E. GOSPEL ISLAND RD #50	
CITY-ST-ZIP	INVERNESS FL 34450	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. 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 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.**

**SIGNATURE:** GAIL BASSETT Gail Bassett 2/25/04 352 726-987  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #