

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2005 8:00 am
Secretary of State

02-25-2005 90146 015 ****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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 52-2160289	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent COMMON, PATRICIA 8618 EAST GOSPEL ISLAND ROAD LOT 43 INVERNESS, FL 34450				7. Name and Address of New Registered Agent Name GLORIA HUFFMAN Street Address (P.O. Box Number is Not Acceptable) 8618 E. GOSPEL ISLAND RD. #15 City INVERNESS FL 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 <u><i>Gloria Huffman, Treasurer</i></u> DATE <u>2/17/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	P HOEING, KAY 8618 E GOSPEL ISLAND RD 54 INVERNESS, FL 34450	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT BURTON EHMKE 8618 E. GOSPEL ISLAND RD. #53 INVERNESS, FL 34450	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DOWDELL, DOROTHY 8618 E GOSPEL ISLAND RD 49 INVERNESS, FL 34450	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT SHIRLENE COMMON 8618 E. GOSPEL ISLAND RD #67 INVERNESS, FL 34450	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BASSETT, GAIL 8618 E. GOSPEL ISLAND RD 158 INVERNESS, FL 34450	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY BARBARA RYAN 8618 E. GOSPEL ISLAND RD. #56 INVERNESS, FL 34450	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WELCH, DICK 8618 E GOSPEL ISLAND RD # 36 INVERNESS, FL 34450	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER GLORIA HUFFMAN 8618 E. GOSPEL ISLAND RD. # 15 INVERNESS, FL 34450	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DICKINSON, HOWARD 8618 E. GOSPEL ISLAND RD. #50 INVERNESS, FL 34450	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR SALLY BRUCE 8618 E. GOSPEL ISLAND RD. #62 INVERNESS, FL 34450	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COMMON, PAT 8618 E GOSPEL ISLAND RD 43 INVERNESS, FL 34450	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Barbara Ryan</u> <u>BARBARA RYAN</u> <u>2/17/05</u> <u>352-344-1427</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					