

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 06, 1999 8:00 am
Secretary of State

05-06-1999 90167 003 ****61.25

DOCUMENT # N98000006635

1. Corporation Name

THE HARBOUR CLUB AT LIGHTHOUSE BAY, INC.

Principal Place of Business

~~C/O KELLY PRICE PASSIDOMO SIKET & SOLIS~~
~~2640 GOLDEN GATE PKWY., STE. 315~~
~~NAPLES FL 34105~~

Mailing Address

~~C/O KELLY PRICE PASSIDOMO SIKET & SOLIS~~
~~2640 GOLDEN GATE PKWY., STE. 315~~
~~NAPLES FL 34105~~



2. Principal Place of Business

21 8001 COCONUT RD

Suite, Apt. #, etc.

23 BONITA SP. FL.

24 34135 25 USA

2a. Mailing Address

26 8001 COCONUT RD

Suite, Apt. #, etc.

28 BONITA SP. FL.

29 34135 30 USA

3. Date Incorporated or Qualified

11/20/1998

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

PASSIDOMO, KATHLEEN C
2640 GOLDEN GATE PKWY., STE. #315
NAPLES FL 34105

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME WALLACE, JAMES P
STREET ADDRESS 6900 GOODLETTE RD. N.
CITY-ST-ZIP NAPLES FL 34109

TITLE D ☐ DELETE
NAME SVOBODA, JOHN
STREET ADDRESS 6900 GOODLETTE RD. N.
CITY-ST-ZIP NAPLES FL 34109

TITLE D ☐ DELETE
NAME TURNER, EUGENE
STREET ADDRESS 6900 GOODLETTE RD. N.
CITY-ST-ZIP NAPLES FL 34109

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 8001 COCONUT RD
1.4 CITY-ST-ZIP BONITA SP. FL. 34135

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 8001 COCONUT RD
2.4 CITY-ST-ZIP BONITA SP. FL. 34135

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 8001 COCONUT RD
3.4 CITY-ST-ZIP BONITA SP. FL. 34135

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99

(941) 948-2929

CR2E037 (1/98)