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Jun 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N97000006607 (2)**

1. Corporation Name

HARBOR BEND HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5449 SOUTH SEMORAN BLVD. STE. 20 ORLANDO FL 32822	5449 SOUTH SEMORAN BLVD. STE. 20 ORLANDO FL 32822

3. Date Incorporated or Qualified: 11/24/1997

4. FEI Number: 59-3494188 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 2816 E. ROBINSON ST.	26 2816 E. ROBINSON ST.
Suite, Apt. #, etc. 22 SUITE 200	Suite, Apt. #, etc. 27 SUITE 200
City & State 23 ORLANDO, FL	City & State 28 ORLANDO, FL
Zip 24 32803 Country 25 ORANGE	Zip 29 32803 Country 30 ORANGE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

CR2E037 (10/97)

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.

SIGNATURE _____ 5/1998 407-893-3207