

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
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90054 027 *****8.75

03-02-1999 90054 028 *****61.25

DOCUMENT # 715063

1. Corporation Name

HARLEM HEIGHTS IMPROVEMENT ASSOCIATION, INCORPORATED

Principal Place of Business

7275 CONCOURSE DR
FT MYERS FL 33908
US

Mailing Address

10696 GLADIOLUS DRIVE.SW
FT MYERS FL 33908
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

08/06/1968

4. FEI Number

65-0323306

☒ 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

CAMPBELL, LUTHER
15655 HAGIE DR
FT. MYERS FL 33908

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

Luther Campbell
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/12/99
DATE

12. OFFICERS AND DIRECTORS

TITLE DC ☐ DELETE
NAME CAMPBELL, LUTHER
STREET ADDRESS 15655 HAGIE DR
CITY-ST-ZIP FT. MYERS FL

TITLE VCD ☐ DELETE
NAME VAZQUEZ, JUAN
STREET ADDRESS 4690 NEW HAVEN DR
CITY-ST-ZIP FT. MYERS FL

TITLE TD ☐ DELETE
NAME COLON, CARMEN E
STREET ADDRESS 10680 CANAL STREET.
CITY-ST-ZIP FT. MYERS FL 33908

TITLE ASD ☒ DELETE
NAME SUTTON, BECKY
STREET ADDRESS 15338 CODIE ST
CITY-ST-ZIP FT MYERS FL

TITLE ASD ☐ DELETE
NAME MARELYN MAYES
STREET ADDRESS 15360 Codie St
CITY-ST-ZIP Ft Myers FL 33908

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
1.4 CITY-ST-ZIP

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

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

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:

Luther Campbell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/12/99 489-0145
Daytime Phone #

0058959

CR2E037 (1/98)