FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 **DOCUMENT # 757616**

Principal Place of Business
2775 N. WICKHAM RD
NO. 404 MELBOURNE FL 32935

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90106 011 ****61.25

1. Corporation	n Name							
HARBOR GREEN CONDOMINIUM ASSOCIATION, INC.					5 17593 - 90106 - 11			
Principal Plac	e of Rusiness	Mailing Address			<u>.</u>			
						L LEWING CHARLE MICHI CAPIE MARI SHADA ACHT SEALL A		
2775 N. WICKI NO. 404	NAM NU	P.O. BOX 410071 MELBOURNE FL 32941-0	071					
MELBOURNE F	FL 32935					I TOBANI KANAN ANINI TANAN BUMU HANIK AKU AKUN AKUN I		
US								
						2. Day leavested at Ougliford		
2. Principal Place of Business 2a. Mailing Address						3. Date Incorporated or Qualifed 04/17/1981		=
26 Suite, Apt. #, etc. Suite, Apt. #, etc.						4. FEI Number		Applied For
						59-2182572	-	Not Applicable
22 27 City & State					 ;		., 	Additional
7						5. Certifcate of Status Desired		Required
28 28				ntry		6. Election Campaign Financing	\$5.0	May Be
24	25	29	30			Trust Fund Contribution		to Fees
	9. Name and Address of Curren	<u> </u>				10. Name and Address of New Registere	d Agent	
				81	Name			
HELLMAN	N, NORBERT E		ŀ	82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	VICKHAM RD		ļ				,	
NO. 404				83				
MELBOUF	RNE FL 32935			84	City		85 Zij	Code
					·	F		
11. Pursuant	to the provisions of Sections 617.050.	2 and 617.1508, Florida Stati of Florida, Such change was	utes, the at authorized	ove by 1	e-named corporation	oration submits this statement for the purpose n's board of directors. I hereby accept the app	or cnanging i ointment as	is registered registered
agent. I a	am familiar with, and accept the obligation	tions of, Section 617.0503, F	Iorida Statu	ites.		•		-
SIGNATURE		elman				(when reinstation) DATE		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regi				Agent	t signature required	ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12
TITLE	PD	OFFICERS AND DIRECTORS 13		LE		7.00	Chang	
NAME	HELLMAN, NORBERT E			1.2 NAME				
STREET ADDRESS	A 11 11/01/11/12 DB 110 104				ADORESS			
CITY-ST-ZIP	MELBOURNE FL			1.4 CITY-ST-ZIP				
TITLE	SD DELETE			2.1 TITLE			☐ Chang	e Addition
NAME				ME				
STREET ADDRESS	11 14 10 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1			2.3 STREET ADDRESS				
_CITY-ST-ZIP	MEL DOLIDHE EL				T- ZIP			
TITLE				LE		,	Chang	e
NAME	BROWN, WALLY			ME				
STREET ADDRESS				REET	ADDRESS			
CITY-ST-ZIP	MELBOURNE FL 3			TY-S	T-ZIP			
TITLE				4.1 TITLE			Chang	e
NAME	MONOC, DAVE		4, 2 N	AME				
STREET ADDRESS	DRESS 2775 NO WICKHAM ROAD STE 103			REET	ADDRESS			
CITY-ST-ZIP	MEEDOOTHE I E			TY-ST	T-ZIP		□ ch	
TITLE	VD □ DELETE 5.1						☐ Chang	e 🔲 Addition
NAME	DERTINGER, HELEN		5.2 NA					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP	MELBOURNE FL	——————————————————————————————————————	5.4 CI		T- ZIP	-	[] Chann	a
TITLE		☐ DELETE	6.1 TIT	ILE			Chang	e Addition
NAME			6.2 NA					
NAME STREET ADDRESS	,			REET	ADORESS			**,

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 informatic 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: WHITE STANDING NERGENTED HELLMANN