

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716295

Entity Name: HARBOR LAKES OF NAPLES, INC.

Current Principal Place of Business:

1155 SANDPIPER STREET
NAPLES, FL 34102

Current Mailing Address:

C/O RESORT MANAGEMENT
2685 HORSESHOE DR S #215
NAPLES, FL 34104 US

FEI Number: 59-1353649

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RESORT MANAGMENT
C/O RESORT MANAGEMENT
2685 HORSESHOE DR S #215
NAPLES, FL 34104 US

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.

SIGNATURE: ROBERT ROSENOW

06/11/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name RUSSICK, THOMAS
Address C/O RESORT MANAGEMENT
 2685 HORSESHOE DR S #215
City-State-Zip: NAPLES FL 34104

Title VP
Name NICHOLSON, RICHARD
Address C/O RESORT MANAGEMENT
 2685 HORSESHOE DR S #215
City-State-Zip: NAPLES FL 34104

Title DIRECTOR
Name CASEY, SHARON
Address C/O RESORT MANAGEMENT
 2685 HORSESHOE DR S #215
City-State-Zip: NAPLES FL 34104

Title SECRETARY
Name TARBOX, JEANNE
Address C/O RESORT MANAGEMENT
 2685 HORSESHOE DR S #215
City-State-Zip: NAPLES FL 34104

Title TREASURER
Name SANTONI, FRANCES
Address C/O RESORT MANAGEMENT
 2685 HORSESHOE DR S #215
City-State-Zip: NAPLES FL 34104

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS RUSSICK

PRESIDENT

06/11/2020

Electronic Signature of Signing Officer/Director Detail

Date