

2024 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

03/18/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

Title PRESIDENT
Name HELD JR., WILLIAM T
Address C/O RESORT MANAGEMENT
2685 HORSESHOE DR S #215
City-State-Zip: NAPLES FL 34104

Title MEMBER
Name SWILLEY, ROBERT
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: GOVE EFFINGER

TREASURER

03/18/2024

Electronic Signature of Signing Officer/Director Detail

Date