## **2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT# 716295** 

Entity Name: HARBOR LAKES OF NAPLES, INC.

FILED
Apr 21, 2021
Secretary of State
7024977613CC

## **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 04/21/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title PRESIDENT Title VP

Name RUSSICK, THOMAS Name NICHOLSON, RICHARD

Address C/O RESORT MANAGEMENT Address C/O RESORT MANAGEMENT

2685 HORSESHOE DR S #215 2685 HORSESHOE DR S #215

City-State-Zip: NAPLES FL 34104 City-State-Zip: NAPLES FL 34104

Title DIRECTOR Title SECRETARY

Name CASEY, SHARON Name TARBOX, JEANNE

Address C/O RESORT MANAGEMENT Address C/O RESORT MANAGEMENT

2685 HORSESHOE DR S #215 2685 HORSESHOE DR S #215

City-State-Zip: NAPLES FL 34104 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 04/21/2021