

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 701762 (7)

1. Corporation Name

HARBOUR INLET ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 6538
FT LAUDERDALE FL 33316

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FT LAUDERDALE FL 33316

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/05/1960

3a. Date of Last Report
09/08/1994

4. FEI Number
58-1164411

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COLE, BILL
1942 SE 24TH AVE.
FT. LAUDERDALE FL 33316

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME COLE, BILL
STREET ADDRESS 1942 SE 24TH AVE.
CITY - ST - ZIP FT. LAUDERDALE FL

11 TITLE PD
12 NAME COLE, BILL
13 STREET ADDRESS 1942
14 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE VD
NAME STERLING, STAN
STREET ADDRESS 1835 S. OCEAN DR.
CITY - ST - ZIP FT. LAUDERDALE FL

21 TITLE VD
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE SD
NAME ROMAGNOLI, DICK
STREET ADDRESS 2001 SE 24TH AVE.
CITY - ST - ZIP FT. LAUDERDALE FL

31 TITLE SD
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

☒ Change ☐ Addition

TITLE TD
NAME SIMMONS, MAE
STREET ADDRESS 1779 SE 25 AVENUE
CITY - ST - ZIP FT. LAUDERDALE FL

41 TITLE TD
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Richard A. Romagnoli
SIGNATURE AND TYPED OR PRINTED NAME OF AGENT OR OFFICER OR DIRECTOR
RICHARD A. ROMAGNOLI

5/21/95 (305) 522-4618
DATE (Daytime Phone #)