FILE NOW: FILING FEE IS \$61.25

SIGNATURE:

NON PROFIT Feb 18 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF COP ORATIONS 1998 **DOCUMENT** # (7) 701762 HARBOUR INLET ASSOCIATION, INC. Principal Place of Business Mailing Address P.O. BOX 6538 P.O. BOX 6538 3. Date Incorporated or Qualified FT LAUDERDALE FL 33316 FT LAUDERDALE FL 33316 12/05/1960 4. FEI Number Applied For Not Applicable 59-1164411 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 Trust Fund Contribution Added to Fees 27 City & State Is this nonprofit corporation a homeowners association? 23 Yes No Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. 25 30 ☐ Yes 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 p ROMAGNÓLI, RICHARD 82 Address (P.O. Box Number Is Not Acceptable) 2001 SE 24 AVE. 83 FT. LAUDERDALE FL 33316 84 City 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 familial with and accept the abbligations of, Section 617.0503. Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE ROMAGNOLI, RICHARD NAME 12 NAME 2001 SE 24 AVE STREET ADDRESS 1.3 STREET ADDRESS 400 FT. LAUDERDALE FL CITY-ST-ZIP 1.4 CITY - ST-ZIP DELETE TITLE 2.1 TITLE NAME STERLING, STAN 2.2 NAME STREET ADDRESS 1835 S. OCEAN DR. 23 STREET ADDRESS FT. LAUDERDALE FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE HART, BARBARA NAME 3.2 NAME 2524 BARBARA DR. STREET ADDRESS 3.3 STREET ADDRESS FT. LAUDERDALE FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition ING, STA NAME GUENTHER, BEN L 4.2 NAME 2400 SE 21 ST STREET ADDRESS 4.3 STREET ADDRESS FT. LAUDERDALE FL CITY-ST-7IP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change ☐ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 14. Thereby 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 information indicated on this annual report of supplimental 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 conformation or the hydror or trustee ompowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 13 if changed or or an algorithm of the conformation of the hydror or trustee of the conformation of the hydror or trustee of the conformation of the hydror of the conformation of the hydror of the conformation of the hydror of hydror of the hydror of hydro

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