## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



## FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State

## FILED Apr 16, 1999 8:00 am § Secretary of State

	1999	100	DIVISION OF C	UKPUK	AHONS			04-16-1999 9	90032 02	61.2	3	
DOCUI	MENT # 707	755										
LAKELAN	ID HARBOUR APAR	RTMENTS INC.				1						
						!						
Principal Place	e of Business	Mailir	ng Address									
1600 W LAKE I	Parker Dr		1600 W LAKE PARKER DR				)	<b>ea</b> n 2001 (2001 <b>-</b>	<b>                                    </b>			
#D7	00000	#07	#D7 Lakeland fl 33805				)					
LAKELAND FL	33805		US				( INMIN INNI		;	)		
•		-				- 1						
2. Principal P	lace of Business	2a. M	ailing Address				3. Date Incorpor	ated or Qualifed	_			
21		26	26				08/31/1964					
Suite, Apt.	#, etc.	S	Suite, Apt. #, etc.				4. FEI Number	_		Арр	lied For	
22		27	27				<u>59-119660</u>	9	_		Applicable	
City & Stat	e	c	City & State				5. Certificate of	Status Desired	o o	\$8.75 Ad		
23		28	·						_	Fee Req		
Zip	Country	<del>⊢</del> ¬	Zip Country			-	6. Election Cam			\$5.00 N	- 1	
24	25	29		30			Trust Fund C 10. Name and A		Penistered	Added to	rees	
	9. Name and Address	of Current Register	ea Agent		81 Name		o. Ranie and A	daless of New 1	(ogiatorou	Agent		
ROBERTSON, CHARLES D					82 Street	Address	(P.O. Box Numb	er is Not Accepta	able)			
	KE PARKER DR				83				<del></del>			
#D-5 Lakeland Fl. 33805								· · · · · · · · · · · · · · · · · · ·				
LAKELANI	FL 33805				84 City				Fl	85 Zip C	ode	
11. Pursuant	to the provisions of Section	ns 617.0502 and 617.	1508, Florida Statute	s, the al	oove-named	corpora	tion submits this	statement for the	purpose o	f changing its r	egistered	
office or n	to the provisions of Section egistered agent, or both, in m familiar with, and accep	the State of Florida.	Such change was at	ithofized ide Stati	by the corp	oration's	poard of director	rs. I hereby accep	of the appo	intment as regi	istered	
				aren U	a	1. 140	tea lan. 10		(	1-8-9	9	
SIGNATURE	Signature, typed of printed fialine of	Robert San Silon	blicable. P. C. (NOTE:	Registered	Agent signature	required wh	en reinstating)		DATE /			Ś
12.	OFF	FICERS AND DIRECT		13.	/		ADDITIONS/C	HANGES TO OF	FICERS A			3
TITLE	P		☐ DELETE	1.1 111	_					Change	Addition	
NAME	ROBERTSON, CHARLES				1.2 NAME							ç
STREET ADDRESS	s 1600 W LAKE PARKER DRIVE, #D-5			1.3 \$T	REET ADDRESS	•					ļ	Ĺ
CITY-ST-ZIP				1.4 CITY-ST-ZIP			ID.		_	☐ Change	Addition	į
TITLE	VP DELETE			1	2.1 TITLE		P urner,	James		Change		•
NAMÉ	KING, MICHAEL			2.2 NA		1 1	600 W.		rker	Dr λ. Γ	_	
STREET ADDRESS 1600 W LAKE PARKER DRIVE, #A-1					2.3 STREET ADDRESS		akeland			DI. A-		
CITY-ST-ZIP	LAKELAND FL	<u> </u>	DELETE	2.4 CI	TY-ST-ZIP	<del> </del>	averand	, 110110	<u> </u>	Change	Addition	
TITLE	TS NODECN B		□ pereie				-	·				-
NAME	SMITH, NOREEN R	D DD D7		3.2 NA	REET ADDRESS	,					Ļ	
STREET ADDRESS					TY-ST-ZIP	<u>'</u>						
CITY-ST-ZIP TITLE	LAKELAND, FL 00000 D		☐ DELETE	4.1 TI		<del> </del> -	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		☐ Change	☐ Addition	
NAME	REED, ROBERT			4.2 N							- 1	
STREET ADDRESS	1600 W LAKE PARKE	R DRIVE 48.6			REET ADDRESS	:						
CITY-ST-ZIP	LAKELAND, FL 00000	-			ry-St-ZIP							
TITLE	D		☐ DELETE	5.1 TI						Change	Addition	
NAME	MILLER, LAVADA			5.2 NA	ME .							
STREET ADDRESS	1	R DRIVE. #A-2		5.3 \$1	REET ADDRESS	3					Į	
CITY-ST-ZIP	LAKELAND FL			5.4 CF	TY+ST-ZIP							

LAKELAND FL 14. I hereby 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 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 617, Ptorida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SIGNATURE:** 

WHALLEY, RICHARD

STREET ADDRESS 1600 W LAKE PARKER DRIVE, #B-2

CITY-ST-ZIP

TITLE

NAME .

Charles Robertson REC

☐ DELETE

Change