FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # 727398 (0)

1. Corporation Name

HARBOUR ISLAND ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1238 HARBOUR ISLAND ROAD ORLANDO FL 32809	1238 HARBOUR ISLAND ROAD ORLANDO FL 32809

3. Date Incorporated or Qualified: 09/07/1973
3a. Date of Last Report: 05/30/1995

2. Principal Place of Business	2a. Mailing Address
21 1336 windsong Rd	26 1336 windsong Rd
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Orlando FL 32809	City & State 28 Orlando FL
Zip 24 32809 Country 25 Orange	Zip 29 32809 Country 30 Orange

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

9. Name and Address of Current Registered Agent

MJ GALCERAN
1333 WINDSONG RD
ORLANDO FL 32809

10. Name and Address of New Registered Agent

81 Name: Kevin D. Accola
82 Street Address (P.O. Box Number is Not Acceptable): 1365 Windsong Rd
83
84 City: Orlando FL 85 Zip Code: 32809

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 familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Kevin D. Accola — Kevin Accola — 7/24/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when name is changed) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN FL		
TITLE	PD	☑ DELETE	11 TITLE	PD	☑ Change ☐ Addition
NAME	GALCERAN, MJ		12 NAME	Kevin Accola	
STREET ADDRESS	1333 WINDSONG RD		13 STREET ADDRESS	1365 windsong Rd	
CITY-ST-ZIP	ORLANDO FL		14 CITY-ST-ZIP	Orlando FL 32809	
TITLE	TD	☑ DELETE	21 TITLE	TD	☑ Change ☑ Addition
NAME	PERLA, FRANCES		22 NAME	Jane marcks	
STREET ADDRESS	1223 HARBOUR ISLAND RD		23 STREET ADDRESS	1336 windsong Rd	
CITY-ST-ZIP	ORLANDO FL		24 CITY-ST-ZIP	Orlando FL 32809	
TITLE	SD	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	GEARY, LYNN		32 NAME		
STREET ADDRESS	1304 WINDSONG RD		33 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		34 CITY-ST-ZIP		
TITLE	VPD	☑ DELETE	41 TITLE	VPD	☑ Change ☐ Addition
NAME	ACCOLA, KEVIN		42 NAME	Henry Perla	
STREET ADDRESS	1365 WINDSONG RD		43 STREET ADDRESS	1223 Harbour Island Rd	
CITY-ST-ZIP	ORLANDO FL		44 CITY-ST-ZIP	Orlando FL 32809	
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E037 (12/95)

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 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, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: Jane Marcks — 7/24/96 — (407) 850-9705
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #