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Jun 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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
1336 WINDSONG ROAD ORLANDO FL 32809 US	1336 WINDSONG RD ORLANDO FL 32809 US

3. Date Incorporated or Qualified: 09/07/1973
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 1365 Windsong Rd	26 1365 Windsong Rd
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Orlando FL	City & State 28 Orlando FL
Zip 24 32809 Country 25	Zip 29 32809 Country 30

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. Is this nonprofit corporation a homeowners association? ☑ Yes ☐ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JANE MARCKS 1336 WINDSONG RD ORLANDO FL 32809	81 Name: Carolyn 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 Jane Marcks / Carolyn A. Accola 6/18/98 2/3/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☑ DELETE	1.1 TITLE	Treasurer	☐ Change ☑ Addition
NAME	ACCOLA, KEVIN		1.2 NAME	Carolyn Accola	
STREET ADDRESS	1365 WINDSONG RD		1.3 STREET ADDRESS	1365 Windsong Rd	
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	Orlando FL 32809	
TITLE	TD	☐ DELETE	2.1 TITLE	President	☑ Change ☐ Addition
NAME	MARCKS, JANE		2.2 NAME		
STREET ADDRESS	1336 WINDSONG RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP		
TITLE	SD	☑ DELETE	3.1 TITLE	SD	☐ Change ☑ Addition
NAME	GEARY, LYNN		3.2 NAME	Melissa Peoples	
STREET ADDRESS	1304 WINDSONG RD		3.3 STREET ADDRESS	1078 Harbour Island Rd	
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP	Orlando FL 32809	
TITLE	VPD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PERLA, HENRY		4.2 NAME		
STREET ADDRESS	1223 HARBOUR ISLAND RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	300002570963	☐ Change ☐ Addition
NAME			6.2 NAME	-06/24/98--01053--006	
STREET ADDRESS			6.3 STREET ADDRESS	***61.25	
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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, 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 2/3/98 (407) 850-9205