

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 763237 (5)

1. Corporation Name

**HARDER HALL RESORT CLUB, LAKESIDE I CONDOMINIUM
ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

259 E JOEL BLVD
~~201 E JOEL BLVD~~
LEHIGH FL 33936
US

259 E JOEL BLVD
~~201 E JOEL BLVD~~
LEHIGH FL 33936
US



3. Date Incorporated or Qualified
05/12/1982

3a. Date of Last Report
06/26/1995

4. FEI Number

59-2198161

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

2. Principal Place of Business

2a. Mailing Address

21 **Orange State Prop Svs**

26 **Orange State Prop Svs**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **259 E. Joel Boulevard**

27 **259 E. Joel Boulevard**

City & State

City & State

23 **Lehigh Acres, FL**

28 **Lehigh Acres, FL**

Zip

Country

Zip

Country

24 **33936**

25

29 **33936**

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ORNAGE STATE PROPERTY SERVICES, INC
259 E JOEL BLVD
LEHIGH ACRES FL 33936**

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **VTD KIROUAC, MICHAEL**
STREET ADDRESS **259 E JOEL BLVD**
CITY-ST-ZIP **LEHIGH ACRES FL**

TITLE ☐ DELETE
NAME **PD NOAKER, JOHN**
STREET ADDRESS **259 E JOEL BLVD**
CITY-ST-ZIP **LEHIGH ACRES FL**

TITLE ☐ DELETE
NAME **SD ARTURI, PETER MD**
STREET ADDRESS **259 E JOEL BLVD**
CITY-ST-ZIP **LEHIGH ACRES FL 33936**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Abbie B. Dubin

1/23/96

Date

941-368-2626

Daytime Phone #

CR2E037 (12/95)