


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 763237 (5)

1. Corporation Name
HARDER HALL RESORT CLUB, LAKESIDE I CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 259 E JOEL BLVD 3312 Golfview ORANGE STATE PROP SVCS Road LEHIGH FL 33936 US Sebring, FL 33872	Mailing Address 259 E JOEL BLVD 3312 Golfview Rd. ORANGE STATE PROP SVCS LEHIGH FL 33936 Sebring, FL 33872 US
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Country 29
	Country 30

3. Date Incorporated or Qualified 05/12/1982	3a. Date of Last Report 02/07/1996
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4. FEI Number 59-2198161	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

**81 Name BECKER & POLLAKOFF, P.A.
c/o C. JOHN CHRISTENSEN, ESQ.
82 Street Address (P.O. Box Number is Not Acceptable)
500 Winderley Place, Suite 104
83
84 City Maitland FL 85 Zip Code 32751**

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  DATE **2/7/97**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE VTD	<input type="checkbox"/> DELETE
NAME KIROUAC, MICHAEL	
STREET ADDRESS 259 E JOEL BLVD	
CITY - ST - ZIP LEHIGH ACRES FL	
TITLE PD	<input type="checkbox"/> DELETE
NAME NOAKER, JOHN	
STREET ADDRESS 259 E JOEL BLVD	
CITY - ST - ZIP LEHIGH ACRES FL	
TITLE SD	<input type="checkbox"/> DELETE
NAME ARTURI, PETER MD	
STREET ADDRESS 259 E JOEL BLVD	
CITY - ST - ZIP LEHIGH ACRES FL 33936	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

CR2E037 (9/96)