

FILE NOW: FILING FEE IS \$61.25

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Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 3312 GOLFVIEW RD SEBRING FL 33872 US	Mailing Address 3312 GOLFVIEW RD SEBRING FL 33872 US
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3. Date Incorporated or Qualified 05/12/1982	
4. FEI Number 59-2198161	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 600 W. Lake Drive Blvd. Suite, Apt. #, etc.	2a. Mailing Address 26 600 W. Lake Drive Blvd. Suite, Apt. #, etc.
City & State 23 Sebring, FL	City & State 28 Sebring, FL
Zip 24 33872-5030	Country 25 USA
Zip 29 33872-5030	Country 30 USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent C/O BECKER & POLIAKOFF P.A. C JOHN CHRISTENSEN ESQ. 500 WINDERLY PLACE SUITE 104 MAITLAND FL 32751	
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10. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VTD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIROUAC, MICHAEL	1.2 NAME	
STREET ADDRESS	259 E JOEL BLVD	1.3 STREET ADDRESS	600 W. Lake Drive Blvd.
CITY-ST-ZIP	LEHIGH ACRES FL	1.4 CITY-ST-ZIP	Sebring, FL 33872-5030
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOAKER, JOHN	2.2 NAME	
STREET ADDRESS	259 E JOEL BLVD	2.3 STREET ADDRESS	600 W. Lake Drive Blvd.
CITY-ST-ZIP	LEHIGH ACRES FL	2.4 CITY-ST-ZIP	Sebring, FL 33872
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARTURI, PETER MD	3.2 NAME	
STREET ADDRESS	259 E JOEL BLVD	3.3 STREET ADDRESS	600 W. Lake Drive Blvd.
CITY-ST-ZIP	LEHIGH ACRES FL 33836	3.4 CITY-ST-ZIP	Sebring, FL 33872
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:  Mike Kirovac/V. Pres./Treasurer 1/15/98 (941) 385-8282

CR2E037 (10/97)