


FILE NOW: FILING FEE IS \$61.25

APPROVED
AND
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1999 SEP 20 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 763237					
1. Corporation Name Harder Hall Resort Club, Lakeside I Condominium Association, Inc.					
Principal Place of Business 600 W. Lake Drive Blvd. Sebring, FL 33872-5030			Mailing Address 600 W. Lake Drive Blvd. Sebring, FL 33872-5030		

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	05/12/1982	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2198161	
24 Country		29 Country		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
c/o Becker & Poliakoff, P.A. C. John Christensen ESQ 500 Winderly Place Suite 104 Maitland, FL 32751				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VTD	<input type="checkbox"/> DELETE		11 TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Kirouac, Michael			12 NAME	Kirouac, Mike		
STREET ADDRESS	600 W. Lake Drive Blvd.			13 STREET ADDRESS	600 W. Lake Drive Blvd.		
CITY-ST-ZIP	Sebring, FL 33872-5030	<input checked="" type="checkbox"/> DELETE		14 CITY-ST-ZIP	Sebring, FL 33872-5030	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	PD			21 TITLE	VTD		
NAME	Noaker, John			22 NAME	Arturi, Peter MD		
STREET ADDRESS	600 W. Lake Drive Blvd.			23 STREET ADDRESS	600 W. Lake Drive Blvd.		
CITY-ST-ZIP	Sebring, FL 33872-5030	<input type="checkbox"/> DELETE		24 CITY-ST-ZIP	Sebring, FL 33872-5030	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE	SD			31 TITLE	SD		
NAME	Arturi, Peter MD			32 NAME	Freudenberger, Keith		
STREET ADDRESS	600 W. Lake Drive Blvd.			33 STREET ADDRESS	600 W. Lake Drive Blvd.		
CITY-ST-ZIP	Sebring, FL 33872-5030	<input type="checkbox"/> DELETE		34 CITY-ST-ZIP	Sebring, FL 33872-5030	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE		41 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				42 NAME			
STREET ADDRESS				43 STREET ADDRESS			
CITY-ST-ZIP				44 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		51 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				52 NAME			
STREET ADDRESS				53 STREET ADDRESS			
CITY-ST-ZIP				54 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		61 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY-ST-ZIP				64 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, with all other like empowered.

SIGNATURE:

Mike Kirouac
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/18/99

(941) 385-5005

200

Mike Kirouac, President/Director

CR2E037 (11/98)