

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # 763237

1. Entity Name
**HARDER HALL RESORT CLUB, LAKESIDE
CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business
**124 LAKE DRIVE BLVD
SEBRING, FL 33825-5027 US**

Mailing Address
**124 LAKE DRIVE BLVD
SEBRING, FL 33825-5027 US**



04082007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2198161

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CARLSON, JEFF
124 LAKE DRIVE BLVD
SEBRING, FL 33875**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
CARLSON, JEFF
124 LAKE DRIVE BLVD
SEBRING, FL 338755027**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
ARTURI, PETER MD
124 LAKE DRIVE BLVD
SEBRING, FL 338755027**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
MILNER, JAMES E
124 LAKE DRIVE BLVD
SEBRING, FL 338755027**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
SEIPEL, WILLIAM
124 LAKE DRIVE BLVD
SEBRING, FL 338755027**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FRESSE, LLOYD
124 LAKE DRIVE BLVD
SEBRING, FL 338755027**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000705074
04/23/07-80037-008 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/07

Date

863-385-5005

Daytime Phone #