

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 763237

**FILED**  
**Jan 21, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

124 LAKE DRIVE BLVD  
SEBRING, FL 33875027 US

**New Principal Place of Business:**

**Current Mailing Address:**

124 LAKE DRIVE BLVD  
SEBRING, FL 33875027 US

**New Mailing Address:**

**FEI Number:** 59-2198161

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CARLSON, JEFF  
3531 US HWY 27 SOUTH  
SEBRING, FL 33870 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: CARLSON, JEFF  
Address: 3531 US HWY 27 SOUTH  
City-St-Zip: SEBRING, FL 33870 US

Title: D  
Name: PROUTY, LUCY  
Address: 916 EVANSTON TERRACE  
City-St-Zip: LAKE ZURICH, IL 60047 US

Title: S  
Name: MILNER, JAMES E  
Address: 2049 WESTBRANCH ROAD  
City-St-Zip: GROVE CITY, OH 43123 US

Title: T  
Name: HATFIELD, CHARLES  
Address: 1355 EDGEWATER POINT DRIVE  
City-St-Zip: SEBRING, FL 33870 US

Title: D  
Name: FRESSE, LLOYD  
Address: REGENCY WEST #12 1850 FRONT STREET  
City-St-Zip: MANCHESTER, NH 03102 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHARLES L. HATFIELD

T

01/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date