

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT  
TO REVOCATION AND \$500 PENALTY FEE

FILED

98 JAN 12 PM 3: 52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT #  
A22773

HARBOR BRIDGE SUGARMILL WOODS IV, LTD.

98-AR  
CM



Mailing Address

% OFFICE AT:  
9030 W. FORT ISLAND TRAIL, SUITE 8A  
CRYSTAL RIVER FL 34429

Principal Office Address

% OFFICE AT:  
9030 W. FORT ISLAND TRAIL, SUITE 8A  
CRYSTAL RIVER FL 34429

3. Date Formed or Registered

06/20/1986

5a. Capital Contributions as  
Shown on record

\$381,500.00

3a. Date of Last Report

12/23/1996

5b. Amount of Capital  
Contributions in FLORIDA  
to date

4. State or Country of Formation

FL

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number

59-2686629

☐ Applied For  
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

COHEN, RONALD  
9030 W. FORT ISLAND TR., SUITE 8A  
CRYSTAL RIVER FL 34429

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/  
Document Number

PONTICOS, STEVE E

7 BYRONIMA CT. W.

HOMOSASSA FL

MAUGHAN, NELSON W

44 CYPRESS BLVD. W.

HOMOSASSA FL

SANDERS, JAMES T

137 DOUGLAS ST.

HOMOSASSA FL

BARNES, G. MAX

10113 KIMBROUGH DR.

BROOKSVILLE FL

BASS, ROBERT E

143 DOUGLAS ST.

HOMOSASSA FL

000002413340--7

-01/27/98--01071--013

\*\*\*\*437.50 \*\*\*\*437.50

000002413340--7

-01/27/98--01071--014

\*\*\*\*\*88.75 \*\*\*\*\*88.75

**Note:** General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE 12/17/97

Typed or Printed Name of General Partner Signing Form

G. MAX BARNES

Daytime Telephone Number

352-563-1800

CR2E03 (6/97)