

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F01830 (1)

1. Corporation Name

HARBOR WOODS SERVICES ASSOCIATION, INC.



Principal Place of Business

8680 N ATLANTIC AVENUE  
CAPE CANAVERAL FL 32920

Mailing Address

8680 N ATLANTIC AVENUE  
CAPE CANAVERAL FL 32920

3. Date Incorporated or Qualified  
10/16/1980

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number  
59-2095523

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOSLEY, CURTIS R.  
505 N ORLANDO AVENUE  
COCOA BEACH FL

81 Name Richard Stottler

82 Street Address (P.O. Box Number is Not Acceptable)  
8680 N. Atlantic Avenue

83

84 City Cape Canaveral FL

85 Zip Code 32920

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature of current registered agent and, if applicable, (NOTE: Registered Agent signature required when re-registering)

DATE

12. Name and Address of Current Registered Agent

TITLE D  
NAME MOSLEY, CURTIS R.  
STREET ADDRESS 505 N. ORLANDO AVE.  
CITY-ST-ZIP COCOA BEACH FL

TITLE PD  
NAME WASDIN, THOMAS E.  
STREET ADDRESS 7980 N. ATLANTIC AVE.  
CITY-ST-ZIP CAPE CANAVERAL FL

TITLE STD  
NAME STOTTLER JR., RICHARD H  
STREET ADDRESS 8660 ASTRONAUT BLVD.  
CITY-ST-ZIP CAPE CANAVERAL FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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)(b), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Richard H. Stottler, Jr.

DATE

Day in Month Year

CR2E034 (12/95)