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FILED
May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # G65003

(7)

1. Corporation Name

HARBOUR RIDGE REALTY, INC.

Principal Place of Business

13403 WAX MYRTLE TR.
P.O. BOX 2451
STUART FL 34995

Mailing Address

13403 WAX MYRTLE TR.
P.O. BOX 2451
STUART FL 34995-2451

3. Date Incorporated or Qualified

10/13/1983

3a. Date of Last Report

04/24/1996

2. Principal Place of Business

21 13400 Gilson Road

Suite, Apt. #, etc.

22 PO Box 2451

City & State

23 Stuart FL 34995

Zip

24 34995

Country

25 US

2a. Mailing Address

26 13400 Gilson Road

Suite, Apt. #, etc.

27 PO Box 2451

City & State

28 Stuart FL 34995

Zip

29 34995

Country

30 US

4. FEI Number

59-2344955

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

SCHULER, JACK C.
13403 WAX MYRTLE TR.
PALM CITY FL 34990

10. Name and Address of New Registered Agent

81 Name

SCHULER, JACK C

82 Street Address (P.O. Box Number is Not Acceptable)

13400 Gilson Road

83

84 City

Palm City

FL

85 Zip Code

34990

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DV
DODGE, JOHN B
STREET ADDRESS 13403 WAX MYRTLE TR
CITY-ST-ZIP PALM CITY, FL 00000

TITLE ☐ DELETE

NAME PD
BOESE, LESTER W.
STREET ADDRESS 13403 WAX MYRTLE TR.
CITY-ST-ZIP PALM CITY FL

TITLE ☐ DELETE

NAME D
MACKEY, JAMES D.
STREET ADDRESS 2008 ROYAL FERN COURT
CITY-ST-ZIP PALM CITY FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DV ☒ Change ☐ Addition

1.2 NAME DODGE, JOHN B.
1.3 STREET ADDRESS 13400 Gilson Road
1.4 CITY-ST-ZIP Palm City, FL 34990

2.1 TITLE PD ☒ Change ☐ Addition

2.2 NAME BOESE, LESTER W.
2.3 STREET ADDRESS 13400 Gilson Road
2.4 CITY-ST-ZIP Palm City, FL 34990

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SCHULER, JACK C. 4/24/96

CR2E034 (9/96)