PROFIT
CORPORATION
ANNUAL REPORT
1000-



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

ANI	NUAL REPORT		Secretar DIVISION OF (ry of Stat		!	***			
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DOCUMENT # G65003 1. Corporation Name HARBOUR RIDGE REALTY, INC.							99 JUL 20 F	1:1:1	9	
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Principal Place of Business Mailing Address							s descrit sant anter exter saltr se	ING SISS OF BILL	inte athle kins	n dibit bibit ikdt
19400 GILSON RD 1900 GILSON RD -										
P.O. BOX 24 BTWART FL			HART-FL 24906				DO NOT WRI	TE IN THIS	SPACE	
US	10	U\$					3. Date incorporated or Qualifed			
A B 3-1-1	I Place of Business		Mailing Address				10/13/1983 4. FEI Number			Applied For
	l S.W. Corpora		3571 SW Corp	orat	e Park	way	59-2344955			Not Applicable
Suite, A	pt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	Additional
2		27								Required
City & S	in City, FL	28	City & State Palm City,	FL		1	Election Campaign Financing Trust Fund Contribution			D May Be I to Fees
Zip	Count		Ziρ	Cour	ntry		8. This corporation owes the curr	ent year inta		1101 003
M 34	1990 25	US 29		30 U	S		Personal Property Tax.		☐Yes	□No
	9. Name and Addi	ress of Current Regis	tered Agent		81 Name		10. Name and Address of New F	legistered /	tgent	
SC	CHULER, JACK C.		, "	į						
18	HOD GILSON RD			; }	82 Street	71 S	s (P.O. Box Number is Not Accepta . W. Corporate Parkv	ole) 7ay		
₩	NEM, CITY FL-34000				83					
				}	84 City				85 Zip	Code
	<u>.</u>			لمحيسا	P	alm (City	<u>FL</u>		4990
11. Pursua office o	int to the provisions of Sei or registered agent, or both	ctions 607.0502 and 60 h, in the State of Florid	77,1508, Flonda Statute a. Such change was au	ithorized	by the corp	corpore oration's	ation submits this statement for the s board of directors. I hereby accep	purpose or o t the appoin	manging it tment as r	s registered egistered
agent.	I am familiar with, and ac	cept the obligations of,	Section 607.0505, Flori	ida Statu	108.					
SIGNATUR	Signature, typed or printed ner	ne of registered agent and title if	applicable (NOTE:	Registered /	gent signature	hw benupen		_DATE		
2.	O	FFICERS AND DIRECT		13.			ADDITIONS/CHANGES TO OFFI			
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14-51-2P	PALM CITY, FL 1000			1		17	,			
TLE	-PO D			1 14 CHT-	ST-ZIP	33 Pa	1m City, FL 34990	_		
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I 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 informatio 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 processor or trustee empowered to execute this report as required by Chapter 807. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attrictment with an address, with all other like empowered.

3IGNATURE:

BOING AND THESE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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