FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 4:22

DOCUMENT # H36844 (9)

1. Corporation Name

HARBOR LAKES WATER SYSTEM, INC.

Principal Place of Business	Mailing Address
3737 EL JOBEAN RD. P. O. BOX 27088 EL JOBEAN FL 33927-4088	3737 EL JOBEAN RD. P. O. BOX 27088 EL JOBEAN FL 33927-4088

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/07/1985
3a. Date of Last Report: 01/19/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 59-2522827 ☐ 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

MASLANKA, EDWARD
3737 EL JOBEAN ROAD
PORT CHARLOTTE FL 33953

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 Zip Code

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	MASLANKA, EDWARD	12 NAME	
STREET ADDRESS	3737 EL JOBEAN RD	13 STREET ADDRESS	
CITY-ST-ZIP	PT. CHARLOTTE FL	14 CITY-ST-ZIP	
TITLE	DS	21 TITLE	☐ Change ☐ Addition
NAME	MASLANKA, MARIE	22 NAME	
STREET ADDRESS	3737 EL JOBEAN RD	23 STREET ADDRESS	
CITY-ST-ZIP	PT. CHARLOTTE FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	MASLANKA, EDWARD JR.	32 NAME	
STREET ADDRESS	3737 EL JOBEAN ROAD	33 STREET ADDRESS	
CITY-ST-ZIP	PT CHARLOTTE FL	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	HENDRICKSON, DONNA, M	42 NAME	
STREET ADDRESS	17384 BEAVERLAND	43 STREET ADDRESS	
CITY-ST-ZIP	DETROIT MI	44 CITY-ST-ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	STURGELL, SUSAN A.	52 NAME	
STREET ADDRESS	3737 EL JOBEAN ROAD	53 STREET ADDRESS	
CITY-ST-ZIP	PT CHARLOTTE FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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: Edward Maslanka 2-8-95 813-624-4511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Edward Maslanka 2-8-95 813/624-4511

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