

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 # H65901 (1)

1. Corporation Name

HARBOR ISLES DEVELOPMENT CORPORATION



Principal Place of Business

101 N PLUMOSA ST.  
MERRITT ISLAND FL 32954-0548  
US

Mailing Address

POST OFFICE BOX 540548  
MERRITT ISLAND FL 32954-0548  
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26 980 N. Federal Highway

Suite, Apt. #, etc.

27

City & State

28

Boca Raton, Florida

29

Zip

Country

30

33432-2704

USA

3. Date Incorporated or Qualified

07/10/1985

3a. Date of Last Report

04/14/1995

4. FEI Number

59-2757636

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

ADAMS, DOROTHY E.  
101 N. PLUMOSA STREET  
P. O. BOX 540548  
MERRITT ISLAND FL 32953

10. Name and Address of New Registered Agent

81 Name

Russell T. Kamradt

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

777 S. Flagler Drive

83

Suite 900 East

84 City

West Palm Beach

FL

85 Zip Code

33401

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 607.0503, Florida Statutes.

SIGNATURE

Russell T. Kamradt

(Signature, typed or printed name of registered agent and the date below)

(NOTE: Registered Agent's signature required when re-registering)

DATE

2/28/96

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

D  
ROWE, MORRIS A.  
220 KING STREET  
COCOA FL

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

PD  
BOWDEN, DONALD L  
101 N PLUMOSA ST.  
MERRITT ISL. FL

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

VST  
ADAMS, DOROTHY E.  
101 N PLUMOSA ST.  
MERRITT ISLAND FL

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

V  
CROCKETT, BEVERLY  
101 N PLUMOSA ST.  
MERRITT ISLAND FL

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

V  
PARKER, MARY P.  
101 N PLUMOSA STREET  
MERRITT ISLAND FL

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

C  
KING, MAXWELL C  
1384 WALTON HEATH CT  
ROCKLEDGE FL

☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

P  
Warren S. Orlando  
980 N. Federal Highway  
Boca Raton, FL 33432-2704

☐ Change

☒ Addition

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

T  
John Marino  
980 N. Federal Highway  
Boca Raton, FL 33432-2704

☐ Change

☒ Addition

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

S  
June Owens  
101 N. Plumosa Street  
Merritt Island, FL 32953

☐ Change

☒ Addition

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

V  
Dana Kilborne  
980 N. Federal Highway  
Boca Raton, FL 33432-2704

☐ Change

☒ Addition

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

V  
Ward Kellogg  
980 N. Federal Highway  
Boca Raton, FL 33432-2704

☐ Change

☒ Addition

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

600001732916  
03/05/96--01037--015  
\*\*\*208.75

☐ Change

☐ Addition

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)(k), 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

John Marino

(407) 392-4000

Date

Daytime Phone

CR2E034 (12/95)