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May 01 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 # H72394

(0)

1. Corporation Name

HARBORAGE DEVELOPMENT COMPANY, INC.



Principal Place of Business
5900 ENTERPRISES PARKWAY
FT MYERS FL 33905

Mailing Address
5900 ENTERPRISES PARKWAY
FT MYERS FL 33905-5003

3. Date Incorporated or Qualified
08/16/1985

3a. Date of Last Report
05/01/1996

4. FEI Number
59-2569437

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

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

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BUNDSCHU, CHRIS
5900 ENTERPRISE PKWY
FT MYERS FL 33905

81 Name

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

83

84 City

FL

85 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE
NAME BUNDSCHU, CHRIS
STREET ADDRESS 5900 ENTERPRISE PKWY
CITY-ST-ZIP FT MYERS FL

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP 33905

TITLE VD ☐ DELETE
NAME KRAFT, DAN
STREET ADDRESS 5900 ENTERPRISE PKWY
CITY-ST-ZIP FT. MYERS FL

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP 33905

TITLE VD ☐ DELETE
NAME VETTRAINO, JR, HENRY
STREET ADDRESS 5900 ENTERPRISE PKWY
CITY-ST-ZIP FT. MYERS FL

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP 33905

TITLE STD ☐ DELETE
NAME BUNDSCHU, GAYLE
STREET ADDRESS 5900 ENTERPRISE PKWY
CITY-ST-ZIP FT. MYERS FL

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP 33905

TITLE VD ☐ DELETE
NAME VETTRAINO, LOUIS
STREET ADDRESS 5900 ENTERPRISE PARKWAY
CITY-ST-ZIP FT. MYERS FL

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP 33905

TITLE ☐ DELETE
NAME
STREET ADDRESS
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:

GAYLE BUNDSCHU 4/9/97 941-693-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)