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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J83646 1. Corporation Name

HARBOR POINT PROPERTIES, INC.

Principal Place	e of Business	Mailing Address				iili dian alak bibil diak	DADA BIBN YEDI
		% DONALD R. SHAFTER			İ		
11619 BEACH BLVD. 11619 BEACH BLVD.							
JACKSONVILLE FL 32246-8443 JACKSONVILLE FL 32246-84		43		DO NOT WRITE	IN THIS SPACE		
US		US			3. Date Incorporated or Qualifed 06/30/1987		
2 Principal D	lace of Business	2a. Mailing Address			4. FEI Number	Ι Δι	pplied For
· · ·	lace of Business	<u> </u>			59-2854399	<u> </u>	ot Applicable
Suite, Apt.	# oto	Suite, Apt. #, etc.			<u> </u>		Additional
22 Suite, Apt.	#, etc.	27 Suite, Apr. #, etc.			5. Certifcate of Status Desired		equired
City & State	e	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution		to Fees
7in	Country	Zip	Countr	у	8. This corporation owes the current		
<u>-</u> ₹3224(25	29 3	30		Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Reg	istered Agent	
0114			81	Name			
SHAFTER, DONALD R.			82	2 Street Ad	Idress (P.O. Box Number is Not Acceptable)	
	9 BEACH BLVD.				, , , , , , , , , , , , , , , , , , , ,	, 	
JAUŁ	KSONVILLE FL 32246		83	3			
			84	City		85 Zip	Code
		1007 1500 Ft. 11. O. A.	44 - 44 -			FL 55 Emp	
office or re	egistered agent, or both, in the State of	: and 607.1508, Florida Statutes of Florida. Such change was aut	s, the abov thorized by	/e-named co / the corpora	rporation submits this statement for the pur ation's board of directors. I hereby accept the	pose of changing its ne appointment as re	s registereo egistered
				,p	- · · · · · · · · · · · · · · · · · · ·		
agent. I a	m familiar with, and accept the obligati	ions of, Section 607.0505, Florid	da Statute	S.	•		
agent. 1 a		ions of, Section 607.0505, Florid	da Statute	s.		DATE	
agent. 1 a	m familiar with, and accept the obligati Signature, typed or printed name of registered agent OFFICERS AND	ions of, Section 607.0505, Florid and title if applicable. (NOTE: F	da Statute	s.			ORS IN 12
agent. I a	Signature, typed or printed name of registered agent	ions of, Section 607.0505, Florid and title if applicable. (NOTE: F	da Statute	s.	ured when reinstating)		ORS IN 12
agent. I all SIGNATURE	Signature, typed or printed name of registered agent	ions of, Section 607.0505, Florid and title if applicable. (NOTE: R D DIRECTORS	da Statute Registered Age	s. ent signature requ	ured when reinstating)	ERS AND DIRECTO	
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CITY-ST-ZIP 14. 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 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR