FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporat	JMENT # K819 B HARBOR ESTATES OF	` '							
Principal Pi	aca of Business	Mailing Address							
Principal Place of Business 1536 HWY, 441, S.E.		1536 HWY, 441. S.E.							
OKEECHOB	BEE FL 34974	OKEECHOBEE FL 34974				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified 04/20/1989			
<u> </u>	Place of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number		Applied F	
21		26				65-0216555		Not Appli	
Suite, Ap	·	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	11	B.75 Addition Fee Required	
City & State		City & State			Election Campaign Financing Trust Fund Contribution		5.00 May Bo		
Zip 24	Country 25	Zip	<u> </u>	Country 30		This corporation owes or has pa Personal Property Tax due June	· ·		
	9. Name and Address of Cu	rrent Registered Agent				10. Name and Address of New Re	gistered Agen	ıt	
R	OWLAND, P. WAYNE			81	Name				
1536 HWY. 441, S.E.			-	B2	Stroot Addre	ess (P.O. Box Number is Not Acceptab	ola)		
0	KEECHOBEE FL 34974			اء"	Street Addre	ass (r.o. box rumber is not Acceptat	ne)		
			į	63					
				84	City		FL 85	Zip Code	
11. Pursuar office of agent. I	nt to the provisions of Sections 607 r registered agent, or both, in the 5 I am familiar with, and accept the c	.0502 and 607.1508, Florida Statu State of Florida. Such change was obligations of, Section 607.0505, F	ites, the at authorized lorida Stat	oove d by utes	named corporation	oration submits this statement for the pon's board of directors. I hereby accept	ourpose of char of the appointm	nging its regist nent as register	
SIGNATURE	<u> </u>								
	Signature, typed or printed name of registers			Ago	nt signature require	d when reinstating)	DATE		
12.				13.		ADDITIONS/CHANGES TO OFFIC			
TITLE	PD DOWN AND D MAYNE	☐ DELETE		1.1 TITLE				Change Ac	
NAME	ROWLAND, P. WAYNE		1.2 NA	1.2 NAME					
		1.3 ST	1.3 STREET ADDRESS						
CITY-ST-ZIP OKEECHOBEE FL		1.4 011	1.4 CITY - ST - ZIP						

FILED Feb 20 1998 8:00am Secretary of State



941-763-2063

1-17-98

Applied For Not Applicable \$8.75 Additional

Fee Required **\$5.00** May Be

			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 again and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE										
12.	OFFICERS AND DIRECTORS	3	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	PD	DELETE	1.1 TITLE		Change Addition					
NAME	ROWLAND, P. WAYNE		1.2 NAME							
STREET ADDRESS	1536 HWY. 441, S.E.		1.3 STREET	ADDRESS						
CITY-ST-ZIP	OKEECHOBEE FL		1.4 CITY - ST - ZIP							
TITLE	SO	DELETE	2.1 TITLE		Change Addition					
NAME	ROWLAND, MARGARET B.		2.2 NAME							
STREET ADDRESS	1536 HWY. 441, S.E.		2.3 STREET	ADDRESS						
CITY - ST - ZIP	OKEECHOBEE FL		2.4 CITY-	ST-ZIP						
TiTLE	D	DELETE	3.1 TITLE		Change Addition					
NAME	ROWLAND, KIMBERLY M.		3.2 NAME							
STREET ADDRESS	1536 HWY. 441, S.E.		3.3 STREET	ADDRESS						
CITY-ST-ZIP	OKEECHOBEE FL		3.4. CITY-5	ST - ZIP						
TITLE		DELETE	4.1 TITLE		Change Addition					
NAME			4. 2 NAME							
STREET ADDRESS			4.3 STREET	ADDRESS						
CITY-ST-ZIP			4.4 CITY - S	T- ZIP						
TITLE		DEL ETE	5.1 TITLE		Change Addition					
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREET	ADDRESS						
CITY-ST-ZIP			5.4 CITY-S	T-ZIP						
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition					
NAME			6.2 NAME	1						
STREET ADDRESS			6.3 STREET	ADDRESS						
CITY-ST-ZIP			64 CITY-S							
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 suppliemental 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.										