**⊕** PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # L09578 1. Corporation Name

HARBOUR DRIVE ASSOCIATES, INC.

Principal Place of Business									
	790 HARBOUR DR., SUITE 2A								

## **FILED** Apr 05, 1999 8:00 am Secretary of State

04-05-1999 90012 030 \*\*\*150.00



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Principal Place of Business			Mailing Address						, 91911 81814 81811 1491
790 HARBOUR DR., SUITE 2A NAPLES FL 34103 US			790 HARBOUR DR.: SUITE 2A NAPLES FL 34103 US			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed			
		1 0-	Mailing Address			1	08/15/1989 FEI Number	$\overline{}$	Applied For
2. Principal Place of Business			2a. Mailing Address			~.		H	Not Applicable
<u> </u>						<del> </del>	65-0141405		.75 Additional
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5.	5. Certificate of Status Desired  Fee Required		
City & State			City & State			6.	6. Election Campaign Financing 55.00 May Be		
3		28					Trust Fund Contribution	A	dded to Fees
Zip	Country		Zip Cor	untry		8.	This corporation owes the current year		
4	25	29	30				Personal Property Tax.	<b>X</b> Ye	s 🗆 No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agen									
ASSAAD, WAFAA F					Name		O D All Las is Man Assessable)		
790 HARBOUR DRIVE NAPLES FL 34103				82	Street Address (P.O. Box Number is Not Acceptable)				
	•			84	City		F	L 85	Zip Code
office or re	o the provisions of Sections 607.0500 gistered agent, or both, in the State of familiar with, and accept the obligation	of Hior	ida. Such change was authorize	O DV	the corporation	ratior n's bo	n submits this statement for the purpose pard of directors. I hereby accept the app	of chang pointment	ing its registered t as registered
SIGNATURE _			/ NOTE OF	4 4	nt signature required	uton r	reinstation) DATE		
	Signature, typed or printed name of registered agen			u Ager	is signature reduied		ADDITIONS/CHANGES TO OFFICERS	AND DIE	ECTOPS IN 12
40	OFFICERS AN	กกเฉ	ECTORS 13				ADDITIONS/CHANGES TO UFFICERS.	AND DIF	COTORS IN 12

Addition Change DELETE 1.1 TITLE TITLE HURT, RONALD L 1.2 NAME NAME 537 BAY VILLAS LANE 1.3 STREET ADDRESS STREET ADDRESS NAPLES FL 34108 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition 2.1 TITLE TITLE 2.2 NAME NAME ASSAAD, WAFAA F 790 HARBOUR DRIVE 2.3 STREET ADDRESS STREET ADDRESS NAPLES FL 34103 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change DELETE Addition 5.1 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

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 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 altachment with an address, with all other like empowered.

SIGNATURE:

CR2E034 (11/98)