2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Aug 22, 2005 8:00 am
Secretary of State
08-01-2005 90025 001 ****61.25

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DOCUMENT # N03717

1. Entity Name
HARDER HALL RESORT CLUB, LAKESIDE II CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
420 W. LAKE DRIVE BLVD. SEBRING, FL 33875-5027 US	420 W. LAKE DRIVE BLVD. SEBRING, FL 33875-5027 US

07122005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
124 LAKE DRIVE BLVD	124 LAKE DRIVE BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SEBRING, FL	City & State: SEBRING FL
Zip: 33875-5027 Country: US	Zip: 33875-5027 Country: US

4. FEI Number: 59-2422688 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KIROCIAC, MIKE 420 W. LAKE DRIVE BLVD. SEBRING, FL 33872	Name: KIROUAC, MIKE Street Address (P.O. Box Number is Not Acceptable) 124 LAKE DRIVE BLVD City: SEBRING FL Zip Code: 33875-5027

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KIROUAC, MIKE 420 W. LAKE DRIVE. BLVD. SEBRING, FL 338755027	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KIROUAC, MIKE 124 LAKE DRIVE BLVD SEBRING, FL 33875-5027	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ARTURI, PETER MD 420 W. LAKE DRIVE BLVD. SEBRING, FL 338755027	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ARTURI, PETER M.D. 124 LAKE DRIVE BLVD. SEBRING, FL 33875-5027	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILNER, JAMES 420 W. LAKE DRIVE BLVD. SEBRING, FL 338755027	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILNER, JAMES 124 LAKE DRIVE BLVD SEBRING, FL 33875-5027	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SEIPEL, WILLIAM 420 W. LAKE DRIVE BLVD. SEBRING, FL 338755027	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SEIDEL, WILLIAM 124 LAKE DRIVE BLVD SEBRING, FL 33875-5027	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CARLSON, JEFF 420 W. LAKE DR. BLVD. SEBRING, FL 33875	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CARLSON, JEFF 124 LAKE DRIVE BLVD SEBRING, FL 33875-5027	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ JEFF CARLSON 8/18/05 863 385 5005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #