2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N03717

HARDER HALL RESORT CLUB, LAKESIDE II CONDOMINIUM



FILED Jul 28, 2003 8:00 am Secretary of State

07-28-2003 90133 018 ****61.25

ASSOCIA	ATION, INC	0.			√		/				
Principal Place of Business 420 W. LAKE DRIVE BLVD. SEBRING FL 33875-5027 US			420 V	ng Address V. LAKE DRIVE BLVD. ING FL 33875-5027					<u>.</u>		
03			00			,					
2. Principal Place of Business				ailing Address		-					
Suite, Apt. #, etc.				uite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State				City & State			4. FEI Number 59-2422688 Applied For Not Applicable				
Zip	Zip Country			ip	Co	untry	5. Certificate of Status Desired \$8.75 Additional Fee Required]
6. Name and Address of Current Registered Agent							7. Name and Add	ess of New Register	ed Agent		1
uac						Name					
KIROVAL, MIKE 420 W. LAKE DRIVE BLVD.					Street Address (F			ot Acceptable)]
	FL 33872	DEVO.									1
						City			Zip Code	e	┨
8 The above	named entity	y submits this statement fo	r the pur	pose of changing its	register	ed office or regist	tered agent or both in t		<u>:</u>	and accept	ļ
	tions of regist		50.1	pode of offeriging to	rogidio	ou omoc or rogis	coroa agoric, or both, in t	no otato of Florida, Te	in jania wai,	and accept	
		5									
SIGNATURE .	Signature, typed	or printed name of registered agent	and title if ap	plicable. (NOTE	: Registere	d Agent signature requi	red when reinstating)	DAT	E		}
<u>. </u>								·····			1
FILE NOW: FEE IS \$61.25 After September 10, 2003, min will be \$23				9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees		eck Payable partment of S		
10. OFFICERS AND DIR			ECTORS 11.				ADDITIONS/CHANGE	S TO OFFICERS AND	DIRECTORS IN	10	-
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NAME*	KIROUAC,				NAM						7 (4)
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STREET ADDRESS					STRE	ET ADDRESS					
CITY-ST-ZIP 12. I hereby certify that the information supplied with thi					<u> </u>	-ST-ZIP					
iz. i nereby c	ertify that the	intormation supplied with	this filing	aces not qualify for	the exe	mption stated in S	section 119.07(3)(i), Floi	ida Statutes. I further	certify that the in	ntormation	1

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: