

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR 23 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N12494 (3)

1. Corporation Name

THE HARBORAGE OWNERS' ASSOCIATION, INC.

Principal Place of Business

5000 HARBORAGE DRIVE
12734-30 KENWOOD LANE
FT. MYERS FL 33908
US

Mailing Address

5000 HARBORAGE DRIVE
12734-30 KENWOOD LANE
FT. MYERS FL 33908
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/12/1985

3a. Date of Last Report

02/23/1994

4. FEI Number

59-2705605

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

LANDSTEINER, KARL C.
2133 WINKLER AVE, SUITE 300
FT. MYERS, 33901

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
SD	WASER, GEORGE	5611 HARBORAGE DRIVE	FORT MYERS FL
PD	DYAL, TIMOTHY	5390 HARBORAGE DRIVE	FORT MYERS FL
D	OSBORN, MICHAEL	5160 HARBORAGE DRIVE	FORT MYERS FL
D	STRAYHORN, MIKE	5690 HARBORAGE DR	FORT MYERS FL
VD	GARDNER, ANDY	5000 HARBORAGE DRIVE	FORT MYERS FL
TD	LANDSTEINER, KARL	2133 WINKLER AVE, STE 300	FORT MYERS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
P	MIKE MCCAIN	5550 HARBORAGE DRIVE	FORT MYERS FL	☒	☐
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
T	ELISABET ADOLFSON	5750 HARBORAGE DRIVE	FORT MYERS FL	☒	☐
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
S	CAROL ARMSTRONG	5520 HARBORAGE DRIVE	FORT MYERS FL	☒	☐
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
D	E B BARNETT	5340 HARBORAGE DRIVE	FORT MYERS FL	☒	☐
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
D	HERB PORTER	5461 HARBORAGE DRIVE	FORT MYERS FL	☒	☐
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition
D	MIKE STRAYHORN	5690 HARBORAGE DRIVE	FORT MYERS FL 33908	☒	☐

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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 a receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE