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NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **N12494** **(3)**

1. Corporation Name

THE HARBORAGE OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5000 HARBORAGE DRIVE 12734-30 KENWOOD LANE FT. MYERS FL 33908 US	5000 HARBORAGE DRIVE 12734-30 KENWOOD LANE FT. MYERS FL 33908 US

3. Date Incorporated or Qualified: 12/12/1985
3a. Date of Last Report: 03/23/1995

2. Principal Place of Business	2a. Mailing Address
21 12734-32 Kenwood	26 12734-32 Kenwood Ln
22 Suite, Apt. #, etc. #32	27 Suite, Apt. #, etc. #32
23 City & State Ft. Myers, FL	28 City & State Ft. Myers, FL
24 Zip 33907 25 Country USA	29 Zip 33907 30 Country USA

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

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

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: MICHAEL A FLEMING
82 Street Address (P.O. Box Number is Not Acceptable): C/O MICHAEL FLEMING & ASSOC INC
83: 12734-32 KENWOOD LN
84 City: FORT MYERS FL 85 Zip Code: 33907

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ Michael Fleming 4/29/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~P~~ MCCAIN, MIKE 5550 HARBORAGE DR FORT MYERS FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~T~~ ADOLFSON, ELISABET 5750 HARBORAGE DR FORT MYERS FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	TD ELISABET SALADINO (SAME)	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~S~~ ARMSTRONG, CAROL 5520 HARBORAGE DR FORT MYERS FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	SD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STRAYHORN, MIKE 5690 HARBORAGE DR FORT MYERS FL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D RUSS BURNUP 5560 HARBORAGE DR FORT MYERS FL 33908	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARNETT, E.B. 5340 HARBORAGE DR FORT MYERS FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PORTER, HERB 5461 HARBORAGE DR FORT MYERS FL	☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D BOB EGLE 5260 HARBORAGE DR. FORT MYERS FL. 33908	☒ Change ☐ Addition

CR2E037 (12/95)

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 indicated 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 the 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: Carol Armstrong Carol Armstrong 4/29/96 941 923 9757
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #