FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

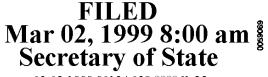
DOCUMENT # N12494

1. Corporation Name

THE HARBORAGE OWNERS' ASSOCIATION, INC.

Principal Place of Busine
5000 HARBORAGE DR
FT. MYERS FL 33908
110

Mailing Address



03-02-1999 90134 038 ****61.25

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5000 HARBORAGE DR		5000 HARBORAGE DR						
FT. MYERS FL	L 33908	FT. MYERS FL 33908						
US US						11014 O(\$1) O1011 O10	III 3 1311 1331	
}								
Principal Place of Business 2a. Mailing Address					3. Date incorporated or Qualifed			
					12/12/1985			
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			4. FEI Number	Applied For		
22		27	7		59-2705605	Not Applicable		
City & State		City & State	City & State		5. Certificate of Status Desired	\$8.75 Additional		
23 28		28			5. Certifcate of Status Desired	Fee Re	quired	
Zip			Country		6. Election Campaign Financing	\$5.00	May Be	
24	25 29 30		30	Trust Fund Contribution		Added t	o Fees	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registere	d Agent		
	•		81	Name				
ADAMS, JOSEPH			82	Street	Address (P.O. Box Number is Not Acceptable)			
1	LL TOWER DR		L					
SUITE 10	1		83	1				
FT MYER	S FL 33907		84	City		85 Zip (Code	
4,4				'	F	┗╽╽		
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statute	s, the above	e-named	corporation submits this statement for the purpose oration's board of directors. I hereby accept the app	of changing its ointment as rea	registered :	_
agent. 1 a	am familiar with, and accept the obligati	ions of, Section 617.0503, Flori	da Statutes	3.	oralisms board or an octors. Thoroby accept the app			
SIGNATURE								_
	Signature, typed or printed name of registered agent		Registered Age	nt signature r	equired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	ND DIRECTO	PS IN 12	Ś
12.	OFFICERS AND	DELETE	1.1 TITLE		ADDITIONS/GHANGES TO OFF ISERIO	Change	Addition	. 3
	COMBS, RONALD		1.2 NAME					1
NAME	C.O. 1140000100000			TADORESS			ļ	Š
STREET ADDRESS	FORT MYERS FL 33908		1.4 CITY+5					Š
CITY-ST-ZIP TITLE	D	☐ DELETE	2.1 TITLE	ol-Zir		(Change	Addition	Č
NAME	NAUGHTON, LARRY		2.2 NAME		Nough Mr. Larry		_	
	5601 HARBORAGE DR			T ADDRESS	nondryon racent			
STREET ADDRESS	FORT MYERS FL 33908		2. 4 CITY-		•		[
CITY-ST-ZIP	SD	[] DELETE	3.1 TITLE	J1-4IF		Change	☐ Addition	
NAME	KELLEY, THOMAS		3.2 NAME		,			
STREET ADDRESS			i .	T ADDRESS				
1 '	FORT MYERS FL 33908		3.4. CITY-					
CITY-ST-ZIP	PD	☐ DELETE	4,1 TITLE	51-21F		Change	Addition	
NAME	KLINE, ROBERT	_	4. 2 NAME					
STREET ADDRESS	i		1	TADDRESS		,		
	FT MYERS FL 33908		4.4 CITY-5					
CITY-ST-ZIP TITLE	D	DELETE	5.1 TITLE	/1 - E-II		Change	Addition	
NAME	SENNEFF, STUART	-	5.2 NAME					
STREET ADDRESS	1		5.3 STREE	T ADDRESS			1	
CITY-ST-ZIP	FORT MYERS FL 33908		5.4 CITY-5	ST-ZIP			:	
TITLE	D	☐ DELETE	6.1 TITLE			- Change	Addition	
NAME	METOULSE, GERALD	<u> </u>	62 NAME		metcalse, Gerald	_ •	_	
INMINE	METUULSE, GERALD			T ADDRESS	12.000 P. P. 1.000 M. 2.		1	

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 617. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: X

STREET ADDRESS

CITY-ST-ZIP

FT MYERS FL 33908

5441 HARBORAGE DR

SIGNATURE REQUIRE