

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

DOCUMENT # **N12869** (6)

1. Corporation Name

HARBOUR CIRCLE AT LONGBOAT KEY CLUB ASSOCIATION, INC.

Principal Place of Business	Mailing Address
HARBOUR OAKS DR LONGBOAT KEY FL 34228 US	5500 MARINA DR. STE ONE HOLMES BCH FL 34217 US

2. Principal Place of Business	2a. Mailing Address
21	2a
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	29
25	30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
01/06/1986	04/15/1994
4. FEI Number	Applied For Not Applicable
59-2671856	
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. 193.032, Florida Statutes	☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent								
HEROLD, WILLIAM M., JR. 5500 MARINA DR. HOLMES BCH FL 34217	<table><tr><td>81 Name</td><td></td></tr><tr><td>82 Street Address (P.O. Box Number is Not Acceptable)</td><td></td></tr><tr><td>83</td><td></td></tr><tr><td>84 City</td><td>FL 85 Zip Code</td></tr></table>	81 Name		82 Street Address (P.O. Box Number is Not Acceptable)		83		84 City	FL 85 Zip Code
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83									
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12																
<table><tr><td>TITLE</td><td>D</td></tr><tr><td>NAME</td><td>MUELLER, ALBERT</td></tr><tr><td>STREET ADDRESS</td><td>8 TIMBERLANE COURT</td></tr><tr><td>CITY-ST-ZIP</td><td>DEARBORN MI</td></tr></table>	TITLE	D	NAME	MUELLER, ALBERT	STREET ADDRESS	8 TIMBERLANE COURT	CITY-ST-ZIP	DEARBORN MI	<table><tr><td>1.1 TITLE</td><td>☐ Change ☐ Addition</td></tr><tr><td>1.2 NAME</td><td></td></tr><tr><td>1.3 STREET ADDRESS</td><td></td></tr><tr><td>1.4 CITY-ST-ZIP</td><td></td></tr></table>	1.1 TITLE	☐ Change ☐ Addition	1.2 NAME		1.3 STREET ADDRESS		1.4 CITY-ST-ZIP	
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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 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  6/23/95 813/383-3214

MONITOR AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 30 AM 9:15