

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90112 022 ****61.25

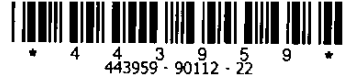
0066551

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N12869

1. Corporation Name

HARBOUR CIRCLE AT LONGBOAT KEY CLUB ASSOCIATION, INC.



Principal Place of Business

HARBOUR OAKS DR
 LONGBOAT KEY FL 34228
 US

Mailing Address

5500 MARINA DR.
 STE ONE
 HOLMES BCH FL 34217
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

01/06/1986

4. FEI Number

59-2671856

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

9. Name and Address of Current Registered Agent

HEROLD, WILLIAM M., JR.
 5500 MARINA DR.
 HOLMES BCH FL 34217

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 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

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 ☐ DELETE
 NAME D
 STREET ADDRESS MUELLER, ALBERT
 CITY-ST-ZIP 8 TIMBERLANE COURT DEARBORN MI

TITLE ☐ DELETE
 NAME D
 STREET ADDRESS KARSH, CARL
 CITY-ST-ZIP 2352 HARBOUR OAKS DR. LONGBOAT KEY FL

TITLE ☒ DELETE
 NAME T
 STREET ADDRESS MILTON, HELLER
 CITY-ST-ZIP 2305 HARBOUR OAKS DR LONGBOAT KEY FL

TITLE ☐ DELETE
 NAME S
 STREET ADDRESS MONNIG, PHILIP
 CITY-ST-ZIP 2360 HARBOUR OAKS DR LONGBOAT KEY FL

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
 3.2 NAME Director
 3.3 STREET ADDRESS John Weiss
 3.4 CITY-ST-ZIP 2373 Harbour Oaks Dr Longboat Key, FL 34228

4.1 TITLE ☐ Change ☐ Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jack Weiss

Date

Daytime Phone #

941/383-

CR2E037 (11/98)