

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR -8 PH 3: 12

**DOCUMENT # N25759 (4)**

1. Corporation Name

**HARBOR LIGHTS MOBILE HOME OWNERS ASSOCIATION, IN  
C.**

Principal Place of Business

Mailing Address

617 N TAMiami TR. #52  
C/O GEORGE ST HILAIRE  
VENICE FL 34292

617 N TAMiami TR. #52  
C/O GEORGE ST HILAIRE  
VENICE FL 34292

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/05/1988** 3a. Date of Last Report **03/24/1994**

4. FEI Number **65-0124904** 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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ST. HILAIRE, GEORGE  
617 N TAMiami TRAIL #52  
VENICE FL 34292

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 607.1508, 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 required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	ST. HILAIRE, GEORGE
STREET ADDRESS	617 N TAMiami TRAIL #52
CITY-ST-ZIP	VENICE FL
TITLE	PD
NAME	GROSSMITH, SETH
STREET ADDRESS	617 N TAMiami TRAIL #120
CITY-ST-ZIP	VENICE FL
TITLE	SD
NAME	WILKINSON, CHRISTINE
STREET ADDRESS	617 N TAMiami TRAIL #39
CITY-ST-ZIP	VENICE FL
TITLE	TD
NAME	DEPPER, THOMAS
STREET ADDRESS	617 N TAMiami TRAIL #108
CITY-ST-ZIP	VENICE FL
TITLE	VD
NAME	BATTEY, CHERYL
STREET ADDRESS	617 N TAMiami TRAIL #109
CITY-ST-ZIP	VENICE FL
TITLE	D
NAME	SMITH, GEORGE
STREET ADDRESS	617 NO TAMiami TRAIL #27
CITY-ST-ZIP	VENICE FL

1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ST. HILAIRE, GEORGE	
1.3 STREET ADDRESS	617 N. TAMiami TR. #52	
1.4 CITY-ST-ZIP	VENICE FL.	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	WEST, EDGAR	
3.3 STREET ADDRESS	617 N. TAMiami TR. #78	
3.4 CITY-ST-ZIP	VENICE FL.	
4.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DEPPER, THOMAS	
4.3 STREET ADDRESS	617 N. TAMiami TR. #106	
4.4 CITY-ST-ZIP	VENICE FL.	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	BOOTH, JAMES	
5.3 STREET ADDRESS	617 N. TAMiami TR. #103	
5.4 CITY-ST-ZIP	VENICE FL.	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

THOMAS W. DEPPER

*Thomas W. Depper*

MAR. 3/95

813-484-8425

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number