

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State

19963-18-90

B 2357

DOCUMENT # **N25759 (4)**

1. Corporation Name

HARBOR LIGHTS MOBILE HOME OWNERS ASSOCIATION, INC.



Principal Place of Business: 617 N TAMiami TR. #52, C/O GEORGE ST HILAIRE, VENICE FL 34292
Mailing Address: 617 N TAMiami TR. #52, C/O GEORGE ST HILAIRE, VENICE FL 34292

3. Date Incorporated or Qualified: 04/05/1988
3a. Date of Last Report: 03/08/1995

2. Principal Place of Business (21-24)
2a. Mailing Address (25-30)

4. FEI Number: 65-0124904
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
ST. HILAIRE, GEORGE
617 N TAMiami TRAIL #52
VENICE FL 34292

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92
TITLE	VD	1.1 TITLE
NAME	ST. HILAIRE, GEORGE	1.2 NAME
STREET ADDRESS	617 N TAMiami TRAIL #52	1.3 STREET ADDRESS
CITY-ST-ZIP	VENICE FL	1.4 CITY-ST-ZIP
	<input checked="" type="checkbox"/> DELETE	2.1 TITLE
NAME	GROSSMITH, SETH	2.2 NAME
STREET ADDRESS	617 N TAMiami TRAIL #120	2.3 STREET ADDRESS
CITY-ST-ZIP	VENICE FL	2.4 CITY-ST-ZIP
	<input checked="" type="checkbox"/> DELETE	3.1 TITLE
TITLE	SD	3.2 NAME
NAME	WILKINSON, CHRISTINE	3.3 STREET ADDRESS
STREET ADDRESS	617 N TAMiami TRAIL #39	3.4 CITY-ST-ZIP
CITY-ST-ZIP	VENICE FL	
	<input checked="" type="checkbox"/> DELETE	4.1 TITLE
TITLE	STD	4.2 NAME
NAME	DEPPER, THOMAS	4.3 STREET ADDRESS
STREET ADDRESS	617 N TAMiami TRAIL #106	4.4 CITY-ST-ZIP
CITY-ST-ZIP	VENICE FL	
	<input checked="" type="checkbox"/> DELETE	5.1 TITLE
TITLE	VD	5.2 NAME
NAME	BATTEY, CHERYL	5.3 STREET ADDRESS
STREET ADDRESS	617 N TAMiami TRAIL #109	5.4 CITY-ST-ZIP
CITY-ST-ZIP	VENICE FL	
	<input checked="" type="checkbox"/> DELETE	6.1 TITLE
TITLE	D	6.2 NAME
NAME	SMITH, GEORGE	6.3 STREET ADDRESS
STREET ADDRESS	617 NO TAMiami TRAIL #27	6.4 CITY-ST-ZIP
CITY-ST-ZIP	VENICE FL	

1.1 TITLE	PRESIDENT	<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. 34292	
2.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BRYAN, CARYL	
2.3 STREET ADDRESS	617 N. TAMiami TR # 117	
2.4 CITY-ST-ZIP	VENICE FL. 34292	
3.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MURRAY, JAMES	
3.3 STREET ADDRESS	617 N. TAMiami TR. #66	
3.4 CITY-ST-ZIP	VENICE FL. 34292	
4.1 TITLE	TREASURER	<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. 34292	
5.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	KOUKL, FRANK	
5.3 STREET ADDRESS	4184 HEARTHSTONE DR.	
5.4 CITY-ST-ZIP	SARASOTA FL. 34238	
6.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	MCCLURG, WILLIAM	
6.3 STREET ADDRESS	617 N. TAMiami TR. #19	
6.4 CITY-ST-ZIP	VENICE FL. 34292	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the reduced filing fee. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate to the best of my knowledge and belief, and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: THOMAS W. DEPPER (Signature)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8425

CR2E037 (12/95)

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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

1996-1896 B-2358 DEPARTMENT OF CORPORATIONS C

DOCUMENT # **N16338 (8)**
1. Corporation Name
EAST SIDE CLUB, INC.



Principal Place of Business Mailing Address
7339 E. COLONIAL STE. 9 ORLANDO FL 32807 US

3. Date Incorporated or Qualified **08/13/1986** 3a. Date of Last Report **06/22/1995**
4. FEI Number **59-2762451** 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt #, etc. 26 Suite, Apt #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country 30

9. Name and Address of Current Registered Agent
**AQUINO, MICHAEL
214 CAPEHART DR.
ORLANDO FL 32807**

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 _____ (NOTE: Registered Agent signature required when re-stating)

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	AQUINO, MICHAEL	
STREET ADDRESS	214 CAPEHART DR.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	JONES, TERRY	
STREET ADDRESS	1110 OVERDALE ST	
CITY-ST-ZIP	ORLANDO FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CUMMINGS, ROBERT	
STREET ADDRESS	1920 BONNEVILLE DRIVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	SHEPPARD, ROBERT	
STREET ADDRESS	20823 NETTELTON ST	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Suzie Middleton	
23 STREET ADDRESS	8346 Cristobal Circle	
24 CITY-ST-ZIP	Orlando, FL 32825	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Vinnie Richardson	
43 STREET ADDRESS	7655 Dione Ct	
44 CITY-ST-ZIP	ORLANDO FL 32822	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michael C. Aquino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-96 407-823-9830
Date Day/Time Phone #

CR2EC