

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DEPARTMENT OF CORPORATIONS

19963-18-96

B 2357

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

3. Date Incorporated or Qualified

04/05/1988

3a. Date of Last Report

03/08/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

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

Signature, typed or printed name of Registered Agent and title if applicable

DATE

12. OFFICERS AND DIRECTORS

TITLE

VD

☒ DELETE

NAME

ST. HILAIRE, GEORGE

STREET ADDRESS

617 N TAMIAMI TRAIL #52

CITY - ST - ZIP

VENICE FL

NAME

GROSSMITH, SETH

☒ DELETE

STREET ADDRESS

617 N TAMIAMI TRAIL #120

CITY - ST - ZIP

VENICE FL

TITLE

SD

☒ DELETE

NAME

WILKINSON, CHRISTINE

STREET ADDRESS

617 N TAMIAMI TRAIL #39

CITY - ST - ZIP

VENICE FL

TITLE

STD

☒ DELETE

NAME

DEPPER, THOMAS

STREET ADDRESS

617 N TAMIAMI TRAIL #106

CITY - ST - ZIP

VENICE FL

TITLE

VD

☒ DELETE

NAME

BATTEY, CHERYL

STREET ADDRESS

617 N TAMIAMI TRAIL #109

CITY - ST - ZIP

VENICE FL

TITLE

D

☒ DELETE

NAME

SMITH, GEORGE

STREET ADDRESS

617 NO TAMIAMI TRAIL #27

CITY - ST - ZIP

VENICE FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

1.1 TITLE

PRESIDENT

☒ Change

☐ 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

☐ Change

☒ 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

☐ Change

☒ 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

☒ Change

☐ 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

☐ Change

☒ 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

☐ Change

☒ Addition

6.2 NAME

MCCLURG, WILLIAM

6.3 STREET ADDRESS

617 N. TAMIAMI TR. #19

6.4 CITY - ST - ZIP

VENICE FL. 34292

ADDITIONAL DIRECTOR

FAULK, MARGUERITE

617 N. TAMIAMI TR #72

VENICE FL. 34292

I further
s if made under
that my name

1-8425

SIGNATURE: THOMAS W. DEPPER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)

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ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DEPARTMENT OF CORPORATIONS

1996-1896

B-2358

DOCUMENT # N16338

(8)

1. Corporation Name

EAST SIDE CLUB, INC.

Principal Place of Business

7339 E. COLONIAL
STE. 9
ORLANDO FL 32807
US

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

AQUINO, MICHAEL
214 CAPEHART DR.
ORLANDO FL 32807

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

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 re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ DELETE

☐ Change

☐ Addition

TITLE TD
NAME AQUINO, MICHAEL
STREET ADDRESS 214 CAPEHART DR.
CITY-ST-ZIP ORLANDO FL

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE PD
NAME JONES, TERRY
STREET ADDRESS 1110 OVERDALE ST
CITY-ST-ZIP ORLANDO FL

21 TITLE PD
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

Suzie Midden
8346 Cristobal Circle
Orlando, FL 32825

TITLE SD
NAME CUMMINGS, ROBERT
STREET ADDRESS 1920 BONNEVILLE DRIVE
CITY-ST-ZIP ORLANDO FL

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE VPD
NAME SHEPPARD, ROBERT
STREET ADDRESS 20823 NETTELTON ST
CITY-ST-ZIP ORLANDO FL

41 TITLE VPD
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

Vinnie Richardson
7655 Dione CT
Orlando FL 32822

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE
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
Daytime Phone #

CR2EC