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FILED

Mar 20 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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 34292617 N TAMiami TR. #52
C/O GEORGE ST HILAIRE
VENICE FL 34292-10293. Date Incorporated or Qualified
04/05/19883a. Date of Last Report
03/18/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

4. FEI Number

65-0124904

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. 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
FRANK Koukl

82 Street Address (P.O. Box Number is Not Acceptable)

4184 HEARTHSTONE DRIVE,,

83

84 City
SARASOTAFL 85 Zip Code
34238

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

Frank Koukl, President

3/17/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME ST HILAIRE, GEORGE
STREET ADDRESS 617 N TAMiami TRAIL #52
CITY-ST-ZIP VENICE FL ☒ DELETETITLE VP
NAME BRYAN, CARYL
STREET ADDRESS 617 N TAMiami TRAIL 117
CITY-ST-ZIP VENICE FL ☒ DELETETITLE S
NAME MURRAY, JAMES
STREET ADDRESS 617 N TAMiami TRAIL 66.
CITY-ST-ZIP VENICE FL ☒ DELETETITLE T
NAME DEPPER, THOMAS
STREET ADDRESS 617 N TAMiami TR 106
CITY-ST-ZIP VENICE FL ☒ DELETETITLE D
NAME KOUKL, FRANK
STREET ADDRESS 4184 HEARTHSTONE DR
CITY-ST-ZIP SARASOTA FL ☐ DELETETITLE D
NAME MCCLURG, WILLIAM
STREET ADDRESS 617 N TAMiami TRAIL 19
CITY-ST-ZIP VENICE FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☒ Change ☐ Addition
1.2 NAME KOUKL, FRANK
1.3 STREET ADDRESS 4184 HEARTHSTONE DRIVE,
1.4 CITY-ST-ZIP SARASOTA FL. 342382.1 TITLE VICE PRESIDENT ☒ Change ☐ Addition
2.2 NAME MCCLURG, WILLIAM
2.3 STREET ADDRESS 617 N.TAMiami TR. #19
2.4 CITY-ST-ZIP VENICE FL. 342923.1 TITLE TREASURER ☐ Change ☒ Addition
3.2 NAME PUDDISTER, BETTY JANE
3.3 STREET ADDRESS 617 N.TAMiami TR., #151
3.4 CITY-ST-ZIP VENICE FL., 342924.1 TITLE SECRETARY ☐ Change ☒ Addition
4.2 NAME GROSSSMITH, SETH
4.3 STREET ADDRESS 617 N. TAMiami TR. #120
4.4 CITY-ST-ZIP VENICE FL. 342925.1 TITLE DIRECTOR ☐ Change ☒ Addition
5.2 NAME FAULK, MARGUERITE
5.3 STREET ADDRESS 617 N.TAMiami TR. #72
5.4 CITY-ST-ZIP VENICE FL. 342926.1 TITLE ☐ Change ☐ 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 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.

SIGNATURE:

Betty Puddister
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 17/97

488-4401
Daytime Phone # 0084602

CR2E037 (9/96)