


FILE NOW: FILING FEE IS \$61.25

FILED

Jun 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N25759
1. Corporation Name

(4)

HARBOR LIGHTS MOBILE HOME OWNERS ASSOCIATION
C. INC.

Principal Place of Business
617 N TAMIA MI TR #52
C/O GEORGE ST. HILAIRE
VENICE FL 34292-1029

Mailing Address
617 N TAMIA MI TR #52
C/O GEORGE ST. HILAIRE
VENICE FL 34292-1029

3. Date Incorporated or Qualified

04/05/1988

4. FEI Number

65-0124904

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2b. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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. Is this nonprofit corporation a homeowners association?

☒

Yes

☐

No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☒

Yes

☐

No

9. Name and Address of Current Registered Agent

ST. HILAIRE, GEORGE
617 N TAMIA MI TR #52
VENICE FL 34292-1029

10. Name and Address of New Registered Agent

81 Name

GEORGE ST. HILAIRE

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

617 N. TAMIA MI TR #52

83

84 City

VENICE

FL

85 Zip Code

34292

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 George St. Hilaire GEORGE T. ST. HILAIRE 4-17-98
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
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 PRESIDENT ☒ Change ☐ Addition
1.2 NAME KOUKL, FRANK
1.3 STREET ADDRESS 4184 HEARTHSTONE DR
1.4 CITY-ST-ZIP SARASOTA FL 34238

2.1 TITLE VICE-PRESIDENT ☒ Change ☐ Addition
2.2 NAME MCCLURG, WILLIAM
2.3 STREET ADDRESS 617 N TAMIA MI TR #19
2.4 CITY-ST-ZIP VENICE FL 34292

3.1 TITLE TREASURER ☒ Change ☐ Addition
3.2 NAME ST. HILAIRE, GEORGE
3.3 STREET ADDRESS 617 N TAMIA MI TR #52
3.4 CITY-ST-ZIP VENICE FL 34292-1029

4.1 TITLE SECRETARY ☒ Change ☐ Addition
4.2 NAME GROSSMITH, SETH
4.3 STREET ADDRESS 617 N. TAMIA MI TR #120
4.4 CITY-ST-ZIP VENICE FL 34292-1027

5.1 TITLE DIRECTOR ☒ Change ☐ Addition
5.2 NAME FAULK, MARGUERITE
5.3 STREET ADDRESS 617 N TAMIA MI TR #72
5.4 CITY-ST-ZIP VENICE FL 34292

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME 800002543248
6.3 STREET ADDRESS -06/02/98--01008--011
6.4 CITY-ST-ZIP ***61.25

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.

SIGNATURE: SETH W. GROSSMITH APR. 17, 1998 941-488-0191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)