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**Mar 31, 1999 8:00 am**  
**Secretary of State**

03-31-1999 90034 016 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N25759**

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 34292-1029

617 N TAMiami TR. #52  
C/O GEORGE ST HILAIRE  
VENICE FL 34292-1029



2. Principal Place of Business

21 617 N. Tamiami Trail

Suite, Apt. #, etc.  
22 #66

City & State  
23 Venice, FL

Zip Country  
24 34292-1029 25 USA

2a. Mailing Address

26 617 N. Tamiami Trail

Suite, Apt. #, etc.  
27 #66

City & State  
28 Venice, FL

Zip Country  
29 34292-1029 30

3. Date Incorporated or Qualified

04/05/1988

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

9. Name and Address of Current Registered Agent

GEORGE ST HILAIRE  
617 N TAMiami TR. #52  
VENICE FL 34292-1029

10. Name and Address of New Registered Agent

81 Name

CYNTHIA MURRAY

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

617 N. Tamiami Trail, #66

83

84 City

Venice

FL

85 Zip Code  
34292-1029

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

*Cynthia Murray*  
Signature typed or printed name of registered agent and title if applicable.

Cynthia Murray, Treasurer

March 29, 1999

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME KOUKL, FRANK  
STREET ADDRESS 4184 HEARTHSTONE DR  
CITY-ST-ZIP SARASOTA FL 34238

TITLE VD ☒ DELETE

NAME MCCLURG, WILLIAM  
STREET ADDRESS 617 N TAMiami TRAIL, #19  
CITY-ST-ZIP VENICE FL 34292

TITLE T ☒ DELETE

NAME GEORGE ST HILAIRE  
STREET ADDRESS 617 N TAMiami TR. #52  
CITY-ST-ZIP VENICE FL 34292-1029

TITLE SD ☐ DELETE

NAME GROSSSMITH, SETH  
STREET ADDRESS 617 N TAMiami TRAIL #120  
CITY-ST-ZIP VENICE FL 34292

TITLE D ☐ DELETE

NAME FAULK, MARGUERITE  
STREET ADDRESS 617 N TAMiami TR. #72  
CITY-ST-ZIP VENICE FL 34292-1029

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☒ Addition

1.2 NAME LAING, A. (Casey)  
1.3 STREET ADDRESS 617 N. Tamiami Trail, #60  
1.4 CITY-ST-ZIP Venice, FL 34292

2.1 TITLE TD ☐ Change ☒ Addition

2.2 NAME MURRAY, Cynthia  
2.3 STREET ADDRESS 617 N. Tamiami Trail, #66  
2.4 CITY-ST-ZIP Venice, FL 34292

3.1 TITLE D ☐ Change ☒ Addition

3.2 NAME BRUGH, Gertrude  
3.3 STREET ADDRESS 617 N. Tamiami Trail, #110  
3.4 CITY-ST-ZIP Venice, FL 34292

4.1 TITLE SD ☒ Change ☐ Addition

4.2 NAME GROSSSMITH, Seth  
4.3 STREET ADDRESS 617 N. Tamiami Trail, #120  
4.4 CITY-ST-ZIP Venice, FL 34292

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE D ☐ Change ☒ Addition

6.2 NAME RUTISHAUSER, Helen  
6.3 STREET ADDRESS 617 N. Tamiami Trail, #143  
6.4 CITY-ST-ZIP Venice, FL 34292

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, with all other like empowered.

SIGNATURE:

*Cynthia Murray*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Cynthia Murray, Treasurer

March 29, 1999 (941)484-8035

Date

Daytime Phone #

CR2E037 (4/1/98)