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Secretary of State

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

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # N25759

1. Corporation Name
HARBOR LIGHTS MOBILE HOME OWNERS ASSOCIATION, IN C.

| | |
|---|---|
| Principal Place of Business 617 N TAMiami TR. #52 C/O GEORGE ST HILAIRE VENICE FL 34292-1029 | Mailing Address 617 N TAMiami TR. #52 C/O GEORGE ST HILAIRE VENICE FL 34292-1029 |
|---|---|



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|--|---|---|--|--|---|
| 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 USA | 3. Date Incorporated or Qualified 04/05/1988 | 4. FEI Number 65-0124904 Applied For Not Applicable | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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 Cynthia Murray, Treasurer March 29, 1999
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 | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | KOUKL, FRANK | |
| STREET ADDRESS | 4184 HEARTHSTONE DR | |
| CITY-ST-ZIP | SARASOTA FL 34238 | |
| TITLE | VD | <input checked="" type="checkbox"/> DELETE |
| NAME | MCCLURG, WILLIAM | |
| STREET ADDRESS | 617 N TAMiami TRAIL, #19 | |
| CITY-ST-ZIP | VENICE FL 34292 | |
| TITLE | T | <input checked="" type="checkbox"/> DELETE |
| NAME | GEORGE ST HILAIRE | |
| STREET ADDRESS | 617 N TAMiami TR. #52 | |
| CITY-ST-ZIP | VENICE FL 34292-1029 | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | GROSSSMITH, SETH | |
| STREET ADDRESS | 617 N TAMiami TRAIL #120 | |
| CITY-ST-ZIP | VENICE FL 34292 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | FAULK, MARGUERITE | |
| STREET ADDRESS | 617 N TAMiami TR. #72 | |
| CITY-ST-ZIP | VENICE FL 34292-1029 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|----------------------------|--|
| 1.1 TITLE | PD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 March 29, 1999 (941)484-8035
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

19990319

CR2E037 (4/1/98)