

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N32272** (9)

1. Corporation Name

HARMONY SHORES BUSINESS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O HARLAN R. DOMBER
333 SOUTH TAMiami TRAIL, SUITE 199
VENICE FL 34285

% RUSSELL J JENNINGS
7 BAMBOO DR
NAPLES FL 33962
US

3. Date Incorporated or Qualified
05/12/1989

3a. Date of Last Report
01/23/1995

2. Principal Place of Business

2a. Mailing Address

21 **HARMONY Shores**

26 **% James Clark**

4. FEI Number
65-0158071

Applied For
Not Applicable

22 **3078 Tamiami Tr, South**

27 **77 River Drive**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State

City & State

23 **Naples, FL**

28 **Naples, FL**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

24 **33962**

25 **Collier**

29 **33962**

30 **Collier**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DOMBER, HARLAN R.
333 SOUTH TAMiami TRAIL, SUITE 199
VENICE FL 34285

81 Name **CLARK, James**
82 Street Address (P.O. Box Number is Not Acceptable)
77 RIVER DRIVE
83 **NAPLES,**
84 City **FL** 85 Zip Code **33962**

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 **James A. Clark** **CLARK, James A.** **3/22/96**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	JENNINGS, RUSSELL J	
STREET ADDRESS	7 BAMBOO DR	
CITY-ST-ZIP	NAPLES FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	NICHOLSON, MARY J	
STREET ADDRESS	38 MANGO DR	
CITY-ST-ZIP	NAPLES FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ARTHUR, WARRICK	
STREET ADDRESS	49 MANGO DR.	
CITY-ST-ZIP	NAPLES FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MOSHER, PHILIP	
STREET ADDRESS	24 BAMBOO DRIVE	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CLARK, JAMES	
STREET ADDRESS	77 RIVER DR	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CLARK, KAREN	
STREET ADDRESS	77 RIVER DR	
CITY-ST-ZIP	NAPLES FL	

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MOSHER, Phil	
1.3 STREET ADDRESS	24 BAMBOO DR	
1.4 CITY-ST-ZIP	Naples, FL. 33962	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Luelien, John Jr	
2.3 STREET ADDRESS	4 Bamboo Dr	
2.4 CITY-ST-ZIP	Naples, FL. 33962	
3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	HASKELL, Albert	
3.3 STREET ADDRESS	5 Bamboo Dr	
3.4 CITY-ST-ZIP	Naples, FL. 33962	
4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	HASKELL, SYLVIA	
4.3 STREET ADDRESS	5 Bamboo Dr	
4.4 CITY-ST-ZIP	Naples, FL. 33962	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	JENNINGS, Russell Jr.	
5.3 STREET ADDRESS	7 Bamboo Dr	
5.4 CITY-ST-ZIP	Naples FL. 33962	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	RARDIN, ELINORE	
6.3 STREET ADDRESS	112 LAKESIDE DR.	
6.4 CITY-ST-ZIP	NAPLES, FL. 33962	

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: **HASKELL, Albert C.** **3/22/96** **732-5283**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)