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Mar 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N32272 (9)

1. Corporation Name

HARMONY SHORES BUSINESS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

3078 TAMiami TRAIL SOUTH
NAPLES FL 33962
US

C/O JAMES CLARK
77 RIVER DRIVE
NAPLES FL 34112-5731
US

3. Date Incorporated or Qualified
05/12/1989

3a. Date of Last Report
03/27/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
65-0158071

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

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

CLARK, JAMES
77 RIVER DRIVE
NAPLES FL 33962

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MOSHER, PHIL	
STREET ADDRESS	24 BAMBOO DRIVE	
CITY-ST-ZIP	NAPLES FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	LUELLEM JOHN JR	
STREET ADDRESS	4 BAMBOO DRIVE	
CITY-ST-ZIP	NAPLES FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	HASKELL, ALBERT	
STREET ADDRESS	5 BAMBOO DRIVE	
CITY-ST-ZIP	NAPLES FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	HASKELL, SYLVIA	
STREET ADDRESS	5 BAMBOO DRIVE	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JENNINGS RUSSELL	
STREET ADDRESS	7 BAMBOO DRIVE	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RARDIN, ELINORE	
STREET ADDRESS	112 LAKESIDE DRIVE	
CITY-ST-ZIP	NAPLES FL	

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Haskell, Albert	
1.3 STREET ADDRESS	5 Bamboo Dr.	
1.4 CITY-ST-ZIP	Naples, Fl.	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	George Lopes	
2.3 STREET ADDRESS	221 Mango Dr.	
2.4 CITY-ST-ZIP	Naples, Fl.	
3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Hilda Stevens	
3.3 STREET ADDRESS	107 River Dr.	
3.4 CITY-ST-ZIP	Naples, Fla	
4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Margaret Hackett	
4.3 STREET ADDRESS	84 River Dr.	
4.4 CITY-ST-ZIP	Naples, Fl.	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MaryEllen Luellen	
5.3 STREET ADDRESS	2 Bamboo Dr.	
5.4 CITY-ST-ZIP	Naples, Fl.	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Albert Haskell *Albert Haskell* 3/21/97 941-732-5283

CR2E037 (9/96)