


FILE NOW: FILING FEE IS \$61.25

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Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90028 001 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N32272

1. Corporation Name
HARMONY SHORES BUSINESS ASSOCIATION, INC.

Principal Place of Business 3078 TAMIAMI TRAIL SOUTH NAPLES FL 33962 US	Mailing Address C/O LOPES, 221 MANGO NAPLES FL 34112 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 05/12/1989 4. FEI Number 65-0158071 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
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9. Name and Address of Current Registered Agent LOPES, GEORGE 221 MANGO DR NAPLES FL 34112	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 <table border="1"> <tr> <td>TITLE</td> <td>PD</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>LOPES, GEORGE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>221 MANGO DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NAPLES FL 34112</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VP</td> <td><input checked="" type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>LUELLEN, JACK</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4 BAMBOO DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NAPLES FL 34112</td> <td></td> </tr> <tr> <td>TITLE</td> <td>T</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>ARTHUR, CHUCK</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>49 MANGO DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NAPLES FL 34112</td> <td></td> </tr> <tr> <td>TITLE</td> <td>S</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>HACKETT, MARGARET</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>84 RIVER DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NAPLES FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>LUELLEN, MARYELLEN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2 BAMBOO DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NAPLES FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>RARDIN, ELINORE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>112 LAKESIDE DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NAPLES FL</td> <td></td> </tr> </table>	TITLE	PD	<input type="checkbox"/> DELETE	NAME	LOPES, GEORGE		STREET ADDRESS	221 MANGO DR		CITY-ST-ZIP	NAPLES FL 34112		TITLE	VP	<input checked="" type="checkbox"/> DELETE	NAME	LUELLEN, JACK		STREET ADDRESS	4 BAMBOO DR		CITY-ST-ZIP	NAPLES FL 34112		TITLE	T	<input type="checkbox"/> DELETE	NAME	ARTHUR, CHUCK		STREET ADDRESS	49 MANGO DR		CITY-ST-ZIP	NAPLES FL 34112		TITLE	S	<input type="checkbox"/> DELETE	NAME	HACKETT, MARGARET		STREET ADDRESS	84 RIVER DR		CITY-ST-ZIP	NAPLES FL		TITLE	D	<input type="checkbox"/> DELETE	NAME	LUELLEN, MARYELLEN		STREET ADDRESS	2 BAMBOO DR		CITY-ST-ZIP	NAPLES FL		TITLE	D	<input type="checkbox"/> DELETE	NAME	RARDIN, ELINORE		STREET ADDRESS	112 LAKESIDE DRIVE		CITY-ST-ZIP	NAPLES FL		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1"> <tr> <td>1.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>1.2 NAME</td> <td></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>1.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>2.1 TITLE</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>2.2 NAME</td> <td>VP</td> </tr> <tr> <td>2.3 STREET ADDRESS</td> <td>ALBERT HASKELL</td> </tr> <tr> <td>2.4 CITY-ST-ZIP</td> <td>5 BAMBOO DR. NAPLES, FL 34112</td> </tr> <tr> <td>3.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>3.2 NAME</td> <td></td> </tr> <tr> <td>3.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>3.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>4.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>4.2 NAME</td> <td></td> </tr> <tr> <td>4.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>4.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>5.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>5.2 NAME</td> <td></td> </tr> <tr> <td>5.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>5.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>6.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>6.2 NAME</td> <td></td> </tr> <tr> <td>6.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>6.4 CITY-ST-ZIP</td> <td></td> </tr> </table>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME		1.3 STREET ADDRESS		1.4 CITY-ST-ZIP		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME	VP	2.3 STREET ADDRESS	ALBERT HASKELL	2.4 CITY-ST-ZIP	5 BAMBOO DR. NAPLES, FL 34112	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME		3.3 STREET ADDRESS		3.4 CITY-ST-ZIP		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME		4.3 STREET ADDRESS		4.4 CITY-ST-ZIP		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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME		6.3 STREET ADDRESS		6.4 CITY-ST-ZIP	
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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: GEORGE LOPES 1-11-99 (941) 793 7432
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)