FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 8:20

DOCUMENT # N35027 (4)

1. Corporation Name

THE HARBOR COURSE SOUTH OWNERS ASSOCIATION NUMBE R TWO, INC.

Principal Place of Business	Mailing Address
ORC BOX 440 KEY LARGO FL 33037	ORC BOX 440 KEY LARGO FL 33037

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/03/1989
3a. Date of Last Report: 04/20/1994
4. FEI Number: 65-0226861 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21 100 Anchor Dr. #440
Suite, Apt. #, etc. 22
City & State 23 Key Largo, FL
Zip 24 33037 Country 25 USA

2a. Mailing Address
26 100 Anchor Dr. #440
Suite, Apt. #, etc. 27
City & State 28 Key Largo, FL
Zip 29 33037 Country 30 USA

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
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
DRESSLER, BRADLEY P. OCEAN REEF CLUB ORC BOX 440 KEY LARGO FL 33037	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☒ Change ☐ Addition
NAME	~~DRISCOLL, W. JOHN~~	12 NAME	Driscoll, W John
STREET ADDRESS	~~2100 FIRST NATIONAL BANK~~	13 STREET ADDRESS	332 Minnesota St. Suite 2100
CITY-ST-ZIP	~~ST. PAUL MN~~	14 CITY-ST-ZIP	St. Paul, MN 55101
TITLE	PVS	21 TITLE	☐ Change ☐ Addition
NAME	DRESSLER, BRADLEY P.	22 NAME	
STREET ADDRESS	ORC BOX 440, OCEAN REEF	23 STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO FL	24 CITY-ST-ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	DRESSLER, BRADLEY P.	32 NAME	
STREET ADDRESS	ORC BOX 440, OCEAN REEF	33 STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☒ Change ☐ Addition
NAME	~~GIEFER, MICHAEL J.~~	42 NAME	Giefer, Michael J.
STREET ADDRESS	~~2100 FIRST NATIONAL BANK~~	43 STREET ADDRESS	332 Minnesota St. Suite 2100
CITY-ST-ZIP	~~ST. PAUL MN~~	44 CITY-ST-ZIP	St. Paul, MN 55101
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(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: Bradley P. Dressler 4/26/95 305-367-3755
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #