

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 14, 2007 8:00 am**  
**Secretary of State**

03-14-2007 90046 050 \*\*\*\*61.25

|                                                              |                                                                                   |
|--------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT #. N41627</b>                                    |  |
| <b>1. Entity Name</b><br><br>HARBOR LIGHTS COOPERATIVE, INC. |                                                                                   |

|                                                                                         |                                                                             |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <b>Principal Place of Business</b><br><br>617 N. TAMiami TRAIL<br>VENICE FL 34285<br>US | <b>Mailing Address</b><br><br>617 N. TAMiami TRAIL<br>VENICE FL 34285<br>US |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|



|                                                       |                           |
|-------------------------------------------------------|---------------------------|
| <b>2. Principal Place of Business - No P.O. Box #</b> | <b>3. Mailing Address</b> |
| Suite, Apt. #, etc.                                   | Suite, Apt. #, etc.       |
| City & State                                          | City & State              |
| Zip                                                   | Country                   |

1st MOORE CR2E037 (10/06)

|                                        |                                          |
|----------------------------------------|------------------------------------------|
| <b>4. FEI Number</b><br><br>65-0235218 | <b>Applied For</b><br><br>Not Applicable |
|----------------------------------------|------------------------------------------|

|                                                                  |                                       |
|------------------------------------------------------------------|---------------------------------------|
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
|------------------------------------------------------------------|---------------------------------------|

|                                                                                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------|
| <b>6. Name and Address of Current Registered Agent</b><br><br>SUNVAST MGMT. & SERVICES, INC.<br>617 N TAMiami TRAIL<br>VENICE FL 34292 |
|----------------------------------------------------------------------------------------------------------------------------------------|

|                                                    |
|----------------------------------------------------|
| <b>7. Name and Address of New Registered Agent</b> |
| Name                                               |
| Street Address (P.O. Box Number is Not Acceptable) |
| City                                               |
| FL Zip Code                                        |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE B. Jean Kellisher, CAM Mgr. DATE 3/5/07  
Signature, typed or printed name of registered agent and title # acceptable (NOTE: Registered Agent signature required when reinstating)

|                                                              |                                                                                            |                                    |                                                          |
|--------------------------------------------------------------|--------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------------------|
| <b>FILE NOW: FEE IS \$61.25</b><br><b>Due By May 1, 2007</b> | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00 May Be Added to Fees</b> | <b>Make Check Payable to Florida Department of State</b> |
|--------------------------------------------------------------|--------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                               |                                                                                                                      |
|----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <b>T</b><br>SMITH, BOBBY<br>617 N TAMiami TRAIL #10<br>VENICE FL 34285 <input type="checkbox"/> Delete               |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <b>P</b><br>YOUNG, NATALIE<br>617 N TAMiami TRAIL #76<br>VENICE FL 34285 <input type="checkbox"/> Delete             |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <b>VP</b><br>WELTON, BOB<br>617 N TAMiami TRAIL #11<br>VENICE FL 34285 <input type="checkbox"/> Delete               |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <b>S</b><br>KRING, IMELDA<br>617 N TAMiami TRAIL #114<br>VENICE FL 34285 <input type="checkbox"/> Delete             |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <b>D</b><br>AUGUSTINE, DON<br>617 N TAMiami TRAIL #137<br>VENICE FL 34285 <input checked="" type="checkbox"/> Delete |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <b>D</b><br>COMSTOCK, JOAN<br>617 N TAMiami TRAIL, #55<br>VENICE FL 34285 <input checked="" type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10    |                                                                   |
|----------------------------------------------------------|-------------------------------------------------------------------|
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Natalie A. Young President DATE 3-5-07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

# ATTACHMENT

20006475  
# 1141627

## BOARD MEMBERS AND DIRECTORS

All address are Venice, Fl. 34285

|            |               |          |                         |
|------------|---------------|----------|-------------------------|
| PRES.      | NATALIE YOUNG | 483-4865 | 617 N. Tamiami Tr. # 76 |
| V. PRES.   | BOB WELTON    | 488-7460 | 617 N. Tamiami Tr. #11  |
| SECRETARY. | IMELDA KRING  | 484-4697 | 617 N. Tamiami Tr. #114 |
| TREASURER. | BOBBY SMITH   | 484-6284 | 617 N. Tamiami Tr. #10  |

### DIRECTORS:

|     |                |          |                         |
|-----|----------------|----------|-------------------------|
| Add | RICHARD BOYER  | 412-9797 | 617 N. Tamiami Tr. #45  |
| Add | LOIS POMMERENK | 484-2319 | 617 N. Tamiami Tr. #153 |
| Add | ED SABO        | 480-1012 | 617 N. Tamiami Tr. #14  |
| Add | JOYCE SKORKA   | 488-7203 | 617 N. Tamiami Tr. # 3  |
| Add | VIRGINIA WALSH | 488-3557 | 617 N. Tamiami Tr. #7   |