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ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State
05-02-2005 90555 004 ****61.25

DOCUMENT # N42207

1. Entity Name
HARBOR LIGHTS RECREATION ASSOCIATION, INC.

Principal Place of Business	Mailing Address
617 N TAMIAMI TR VENICE, FL 34285	617 N TAMIAMI TR VENICE, FL 34285

04142005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DOMBER, HARLAN R.
3900 CLARK ROAD
SUITE L-1
SARASOTA, FL 34233

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

Filing Fee is $61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	CCI
NAME	UTLEY, JACK
STREET ADDRESS	617 N TAMIAMI TRAIL # 103
CITY-ST-ZIP	VENICE, FL 34285
TITLE	D
NAME	PROUGH, VERBA
STREET ADDRESS	617 N TAMIAMI TRAIL #77
CITY-ST-ZIP	VENICE, FL 34292
TITLE	D
NAME	HOFMANN, MARTHA
STREET ADDRESS	617 N TAMIAMI TR #70
CITY-ST-ZIP	VENICE, FL
TITLE	D
NAME	MURRAY, CYNTHIA
STREET ADDRESS	617 N TAMIAMI TRAIL #66
CITY-ST-ZIP	VENICE, FL 34292
TITLE	DIV
NAME	HINDMARSH, MAUREEN
STREET ADDRESS	617 N TAMIAMI TRAIL # 28
CITY-ST-ZIP	VENICE, FL 34285
TITLE	D
NAME	MITTELSTADT, SUE
STREET ADDRESS	617 N. TAMIAMI TRAIL, #146
CITY-ST-ZIP	VENICE, FL

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12. 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 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: Verba Prough Treasurer 4-15-05 574-293-4310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #