


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2007 8:00 am**  
**Secretary of State**

03-16-2007 90033 008 \*\*\*\*61.25

<b>DOCUMENT # N42207</b> 1. Entity Name <b>HARBOR LIGHTS RECREATION ASSOCIATION, INC.</b>					
Principal Place of Business <b>617 N TAMIAMI TR VENICE, FL 34285</b>				Mailing Address <b>3900 CLARK RD STE L-1 VENICE, FL 34285</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>3900 Clark Rd.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>Suite L-1</b>			
City & State		City & State <b>Sarasota, FL</b>			
Zip	Country	Zip <b>34233</b>	Country <b>USA</b>		
6. Name and Address of Current Registered Agent  <b>DOMBER, HARLAN R. 3900 CLARK ROAD SUITE L-1 SARASOTA, FL 34233</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing 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>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CCI</b> <input type="checkbox"/> Delete <b>WARD, RONALD</b> <b>617 N TAMIAMI TR, # 60</b> <b>VENICE, FL 34285</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete <b>PROUGH, VERBA</b> <b>617 N TAMIAMI TRAIL #77</b> <b>VENICE, FL 34292</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Jones, Ruth A.</b> <b>617 N. Tamiami Tr. #44</b> <b>Venice, FL 34285</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <input type="checkbox"/> Delete <b>WARD, JUDY</b> <b>617 N TAMIAMI TR, # 60</b> <b>VENICE, FL 34285</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>ALBERT, HARRIET</b> <b>617 N TAMIAMI TR, # 15</b> <b>VENICE, FL 34285</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete <b>YOUNG, JERRY</b> <b>617 N TAMIAMI TR, # 67</b> <b>VENICE, FL 34285</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>John Utley</b> <b>617 N. Tamiami Tr. #103</b> <b>Venice, FL 34285</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete <b>MITTELSTADT, SUE</b> <b>617 N. TAMIAMI TRAIL., #146</b> <b>VENICE, FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Frank Spivey</b> <b>617 N. Tamiami Tr. #62</b> <b>Venice, FL 34285</b>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.					
<b>SIGNATURE: <i>Ruth A. Jones, Treasurer</i> Ruth A Jones</b>			<b>3/12/07 941-488-2101</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		