2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# N42207

Entity Name: HARBOR LIGHTS RECREATION ASSOCIATION, INC.

Current Principal Place of Business:

617 N TAMIAMI TR
VENICE, FL 34285

New Principal Place of Business:

Current Mailing Address:

3900 CLARK RD
STE L-1
SARASOTA, FL 34233

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

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.

SIGNATURE: HARLAN R. DOMBER 04/07/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: CCI ( ) Delete
Name: WARD, RONALD
Address: 617 N TAMIAMI TR, # 60
City-St-Zip: VENICE, FL 34285

Title: T ( ) Delete
Name: JONES, RUTH A
Address: 617 N TAMIAMI TR #44
City-St-Zip: VENICE, FL 34285

Title: DS ( ) Delete
Name: WARD, JUDY
Address: 617 N TAMIAMI TR, # 60
City-St-Zip: VENICE, FL 34285

Title: D ( ) Delete
Name: ALBERT, HARRIET
Address: 617 N TAMIAMI TR, # 15
City-St-Zip: VENICE, FL 34285

Title: D ( ) Delete
Name: UTLEY, JOHN
Address: 617 N TAMIAMI TR #103
City-St-Zip: VENICE, FL 34285

Title: D ( ) Delete
Name: SPIVEY, FRANK
Address: 617 N TAMIAMI TR #62
City-St-Zip: VENICE, FL 34285

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change ( ) Addition
Name: JONES, RUTH A
Address: 617 N TAMIAMI TR #44
City-St-Zip: VENICE, FL 34285

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUTH A. JONES TD 04/07/2009
Electronic Signature of Signing Officer or Director Date