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CORPORATION ANNUAL REPORT 1995

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

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DIVISION OF CORPORATIONS
95 FEB 16 PM 3:15

DOCUMENT # N42679 (3)

1. Corporation Name
HARBOUR CUT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
115 WEST OLYMPIA AVENUE PUNTA GORDA FL 33950-4430	115 WEST OLYMPIA AVENUE PUNTA GORDA FL 33950-4430

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/22/1991
3a. Date of Last Report: 08/04/1994
4. FEI Number: 65-0254582 (Applied For / Not Applicable)
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

2. Principal Place of Business	2a. Mailing Address
21 280 LEWIS CIRCLE	26 280 LEWIS CIRCLE
Suite, Apt. #, etc. 22 B	Suite, Apt. #, etc. 27 B
City & State 23 PUNTA GORDA FL	City & State 28 PUNTA GORDA FL
Zip / Country 24 33950 25 CHARLOTTE	Zip / Country 29 33950 30 CHARLOTTE

9. Name and Address of Current Registered Agent

BOYLE, CHARLES T.
115 WEST OLYMPIA AVENUE
PUNTA GORDA FL

10. Name and Address of New Registered Agent

81 Name: MICHAEL J MULLEN
82 Street Address (P.O. Box Number is Not Acceptable): 280 B LEWIS CIRCLE
83
84 City: PUNTA GORDA FL 85 Zip Code: 33950

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: MICHAEL J MULLEN Michael J Mullen 2-10-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PTD
NAME	SAYERS, JAMES J.
STREET ADDRESS	280-B LEWIS CIRCLE
CITY-ST-ZIP	PUNTA GORDA FL
TITLE	VD
NAME	SAYERS, ANN THERESE
STREET ADDRESS	280-B LEWIS CIRCLE
CITY-ST-ZIP	PUNTA GORDA FL
TITLE	SD
NAME	PHIEFER, JACK
STREET ADDRESS	280-B LEWIS CIRCLE
CITY-ST-ZIP	PUNTA GORDA FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	CD MICHAEL J MULLEN 280 'B' LEWIS CIRCLE PUNTA GORDA FL. 33950	☐ Change ☒ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

14. I (We) 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: MICHAEL J MULLEN Michael J Mullen 2-10-95 813 575 7080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #