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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # N48010 (5)

1. Corporation Name
HARMONY FARMS, INCORPORATED

Principal Place of Business	Mailing Address
P.O. BOX 290 GRANT FL 32949	P.O. BOX 290 GRANT FL 32949

3. Date Incorporated or Qualified: 03/19/1992

4. FEI Number: 59-3114190 ☐ 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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 4150 LAKE WASHINGTON Rd.	26 PO Box 061747
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: MELBOURNE FL	28 City & State: PALM BAY, FL
24 Zip: 32934 25 Country: BREVARD	29 Zip: 32906 30 Country: BREVARD

9. Name and Address of Current Registered Agent

MATHESON, FLORENCE A.
2650 GRANT RD.
PALM BAY FL 32905

10. Name and Address of New Registered Agent

81 Name: VON LAUFEN, MICHAEL J.
82 Street Address (P.O. Box Number is Not Acceptable): 1020 WROBEL PLACE
83
84 City: MELBOURNE FL 85 Zip Code: 32904

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: [signature], MICHAEL VON LAUFEN DT 5/25/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DT	☐ DELETE	1.1 TITLE	D	☐ Change ☑ Addition
NAME	LAUFEN, MIKE VON		1.2 NAME	DEMONTIGNY LORRAINE	
STREET ADDRESS	1020 WROBEL PLACE		1.3 STREET ADDRESS	899 LEXINGTON ST. N.E.	
CITY-ST-ZIP	WEST MELBOURNE FL		1.4 CITY-ST-ZIP	PALM BAY, FL 32907	
TITLE	DP	☐ DELETE	2.1 TITLE	D	☐ Change ☑ Addition
NAME	ROGAN, PAMELA		2.2 NAME	HAYDEN, NORMAN	
STREET ADDRESS	1024 LENNOX WAY		2.3 STREET ADDRESS	100 RIALTO PLACE	
CITY-ST-ZIP	MELBOURNE FL		2.4 CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	D VP	☐ DELETE	3.1 TITLE	D	☐ Change ☑ Addition
NAME	LAW, JUDY		3.2 NAME	O'BRIEN, TERRI	
STREET ADDRESS	100 E DOVER ST		3.3 STREET ADDRESS	185 N.E. DRISKELL ST.	
CITY-ST-ZIP	SATELLITE BEACH FL		3.4 CITY-ST-ZIP	PALM BAY, FL 32907	
TITLE	D	☒ DELETE	4.1 TITLE	D	☐ Change ☑ Addition
NAME	SILVER, SANOY		4.2 NAME	O'CONNEL, JACKIE	
STREET ADDRESS	1890 PALMBAY RD. N.E.		4.3 STREET ADDRESS	3665 EAGLE WAY	
CITY-ST-ZIP	PALM BAY FL		4.4 CITY-ST-ZIP	MELBOURNE, FL 32934	
TITLE	DS	☐ DELETE	5.1 TITLE	D	☐ Change ☑ Addition
NAME	BOUCHER, SUSAN		5.2 NAME	THOMASON, SUSAN	
STREET ADDRESS	4165 EL DORADO WAY		5.3 STREET ADDRESS	2970 PARKWAY DR.	
CITY-ST-ZIP	MELBOURNE FL		5.4 CITY-ST-ZIP	MELBOURNE, FL	
TITLE	D	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	CIRIMOTICH, MICHAEL		6.2 NAME		
STREET ADDRESS	1204 THREE MEADOWS DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 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: [signature] 5/25/98 407-952-4011