2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 13, 2004 8:00 am Secretary of State

04-26-2004 90535 001 ****61.25

DOCUMENT # N96000000324 HARBOR LINKS AT GRAND HARBOR PROPERTY OWNERS ASSOCIATION, INC. 66421269 Principal Place of Business Meiling Address 4820 20THAVE 4820 20TH AVE VERO BEACH, FL 32967 VERO BEACH, FL 32967 2. Principal Place of Busines 100 VIETA Suite, Apt. #, etc. Suite, Apt. #, etc. 04212004 Chg-NP CR2E037 (10/03) Applied For FEI Number 65-0681018 Not Applicable \$8.75 Additional Certificate of Status Desired Fee Required Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Bax Number is Not Acceptable) RULE, LISA A 4820 20TH AVE VERQUEACH, FL 32967 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 the obligations of registered agent. Jane L Cornett SIGNATURE 9. Election Campaign Financing \$5.00 May Be Makë check payable to Filing-Fee Is \$61.25 Trust Fund Contribution. Florida Department of State Due by May 1, 2004 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. resident TITLE Deter Addition Van Etten FLOOD, DONALD A NAME NAME Rovale BI STREET ADDRESS 4820 20TH AVE STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32967 CITY-ST-ZP 256 ☐ Addition Delete TITLE TITLE ☐ Change ADDIS, ROBERT T NAME NAME 4820 20TH AVE STREET ADDRESS STREET ADORESS CITY-ST-ZIP VERO BEACH, FL 32967 CITY-ST-ZIP وره ښاره د ده انځان . . . M ، Change: ﴿ ﴿ يَا مُعَنِّعُ مِنْ إِنَّ الْمُعَنِّعُ مِنْ اللَّهِ مُعْمِدِهِ مُعْمِدِهِ اللَّهِ عَلَيْهِ مُعْمِ TITLE . me. NAME RULE, LISA A HALE 4820 20TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL CITY-ST-71P DST TITLE CECSULE 1 | Change TITLE Delete GATES, THOMAS U NAME STREET ADDRESS 4820 20TH AVE. STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32967 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete IIILE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZP 12. I hereby certify that the information supplied with this filling 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 each; 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:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR