
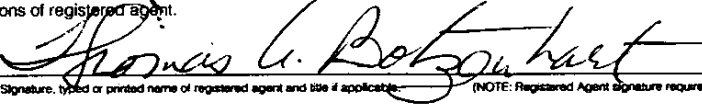
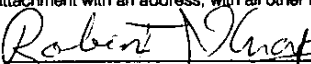


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90074 043 \*\*\*\*61.25

<b>DOCUMENT # N96000000560</b> 1. Entity Name <b>HARBOR LIGHTS ASSOCIATION, INC.</b>					
Principal Place of Business <b>9281 50TH AVE NORTH ST. PETERSBURG, FL 33708</b>			Mailing Address <b>9281 50TH AVE NORTH ST. PETERSBURG, FL 33708</b>		
2. Principal Place of Business - No P.O. Box # <b>9281 50<sup>th</sup> Ave. No.</b>		3. Mailing Address <b>9281 50<sup>th</sup> Ave. No.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>St. Petersburg, FL</b>		City & State <b>St. Petersburg, FL</b>		4. FEI Number <b>59-2088588</b>	
Zip <b>33708</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DEMBIK, JOAN D RA 9273 SO. AVE NO. SAINT PETERSBURG, FL 33708</b>				7. Name and Address of New Registered Agent Name <b>D-RA Botzenhart, Thomas</b> Street Address (P.O. Box Number is Not Acceptable) <b>4976 Harbor Lights Dr.</b> City <b>St. Petersburg, FL</b> Zip Code <b>33708</b>	
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  DATE <b>02/08/07</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<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>D</b> <b>BALL, WILLIAM</b> <b>5075 93RD LN</b> <b>ST. PETERSBURG, FL 33708</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D-RA Botzenhart, Thomas</b> <b>4976 Harbor Lights Dr.</b> <b>St. Petersburg, FL 33708</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D-T</b> <b>KNOP, ROBERT J</b> <b>9281 50TH AVENUE NORTH</b> <b>ST. PETERSBURG, FL 33708</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Cantrell, Ruth Ann</b> <b>9114 46<sup>th</sup> Ave. N</b> <b>St. Petersburg, FL 33701</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LAWSON, MARILYNN</b> <b>3255 47TH AVE NO.</b> <b>SAINT PETERSBURG, FL 33708</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D-VP</b> <b>Dwyer, Charles</b> <b>9101 46<sup>th</sup> Ave. N</b> <b>St. Petersburg, FL 33708</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MCMAHON, CHARLES</b> <b>4875 HARBOR LIGHTS DR</b> <b>SAINT PETERSBURG, FL 33708</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D-S</b> <b>Laczo, Patricia</b> <b>4838 92<sup>nd</sup> St N</b> <b>St. Petersburg, FL 33708</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>RIZZO, MICHAEL</b> <b>9129 48TH TERR NO.</b> <b>SAINT PETERSBURG, FL 33708</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Newton, Bruce</b> <b>9124 47<sup>th</sup> Ave. N</b> <b>St. Petersburg, FL 33708</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>ROBINSON, GENE D</b> <b>4805 92ND LN NO.</b> <b>SAINT PETERSBURG, FL 33708</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Thorson, Lillian</b> <b>4849 Harbor Lights Dr.</b> <b>St. Petersburg, FL 33708</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
SIGNATURE:  <b>Robert J. Knop, Tres.</b>			Date <b>02-08-07</b> Daytime Phone # <b>727-393-7291</b>		

**D Dramesi, Leonard**  
**4903 92<sup>nd</sup> St. N**  
**St. Petersburg, FL 33708**