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May 10, 1999 8:00 am
Secretary of State

05-10-1999 90261 046 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N97000001757

1. Corporation Name

HARMONY HEIGHTS ADDITION COMMUNITY CENTER, INC.

* 5 3 8 8 7 8 7 8
 538878 - 90261 - 46

Principal Place of Business

Mailing Address

2412 N 43RD ST
 FT PIERCE FL 34946

2412 N 43RD ST
 FT PIERCE FL 34946



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc. *SAME*

26 *2412 N 43rd St*

03/28/1997

22 City & State

27 Suite, Apt. #, etc.

4. FEI Number **65-0796117**
 Applied For Not Applicable

23 Zip

28 *ft. Pierce*

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

24 Country

29 *34946*

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

25

30 *USA*

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOWL, KENNETH
 2412 N 43RD ST
 FT PIERCE FL 34946

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

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 *Kenneth Bowl* Kenneth Bowl *5/9/99*
 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	PD	<input type="checkbox"/> DELETE
NAME	BOWE, KENNETH	
STREET ADDRESS	2512 N 43RD ST	
CITY-ST-ZIP	FT PIERCE FL 34946	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SAUL, ANN	
STREET ADDRESS	2216 N 45TH ST	
CITY-ST-ZIP	FT PIERCE FL 34946	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MCKELVIN, MARY	
STREET ADDRESS	2414 B 49TH ST	
CITY-ST-ZIP	FT PIERCE FL 34946	
TITLE	ASD	<input type="checkbox"/> DELETE
NAME	BENNETT, VIVIAN	
STREET ADDRESS	2409 N 44TH ST	
CITY-ST-ZIP	FT PIERCE FL 34946	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CAIN, JIM	
STREET ADDRESS	2001 N 43RD ST	
CITY-ST-ZIP	FT PIERCE FL 34946	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: *Kenneth Bowl* SIGNATURE OF REGISTERED AGENT *5/9/99* 561-461-8014
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)