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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 # N97000006690 (8)

1. Corporation Name

HARBOUR BEND PHASE III CONDOMINIUM ASSOCIATION,
INC.



Principal Place of Business Mailing Address
2941 WEST STATE ROAD 434 2941 WEST STATE ROAD 434
LONGWOOD FL 32779 LONGWOOD FL 32779

3. Date Incorporated or Qualified
11/26/1997

4. FEI Number ☒ Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 2941 W. SR 434 26 2941 W. SR 434
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 #100 27 #100
City & State City & State
23 Longwood, FL 28 Longwood, FL
Zip Country Zip Country
24 32779 25 USA 29 32779 30 USA

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

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MASON, J. CHENEY
2941 WEST STATE ROAD 434, #100
LONGWOOD FL 32779

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

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 ☐ DELETE
NAME DP
STREET ADDRESS MASON, J. CHENEY
CITY-ST-ZIP 390 N. ORANGE AVENUE, SUITE 2100
ORLANDO FL 32801
TITLE ☐ DELETE
NAME DV
STREET ADDRESS CLARK, LINDA C
CITY-ST-ZIP 2941 WEST STATE ROAD 434
LONGWOOD FL 32779
TITLE ☐ DELETE
NAME DST
STREET ADDRESS LEMISH, AL
CITY-ST-ZIP 2941 WEST STATE ROAD 434
LONGWOOD FL 32779
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 2941 W. SR 434, #100
2.4 CITY-ST-ZIP
3.1 TITLE ☒ Change ☐ Addition
3.2 NAME LEMESH, AL
3.3 STREET ADDRESS 2941 W. SR 434, #100
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ 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)(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]

(400) 843-5785

CR2E037 (10/97)