


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2008 8:00 am
Secretary of State

02-12-2008 90010 014 ****61.25

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|--|--|---|---|
| DOCUMENT # N98000003307 1. Entity Name HARBOR LIGHTS MOBILE OWNERS' RESORT, INC. | |  | |
| Principal Place of Business 8618 EAST GOSPEL ISLAND ROAD LOT 15 INVERNESS, FL 34450 | | Mailing Address 8618 EAST GOSPEL ISLAND ROAD LOT 15 INVERNESS, FL 34450 | |
| 2. Principal Place of Business - No P.O. Box # 8618 EAST GOSPEL ISLAND ROAD LOT 53 INVERNESS, FL 34450 | | 3. Mailing Address 8618 EAST GOSPEL ISLAND ROAD LOT 53 INVERNESS, FL 34450 | |
| 4. FEI Number 52-2160289 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent HUFFMAN, GLORIA 8618 EAST GOSPEL ISLAND ROAD #15 INVERNESS, FL 34450 | | 7. Name and Address of New Registered Agent MICKER, JUNE 8618 EAST GOSPEL ISLAND ROAD #53 INVERNESS, FL 34450 US | |
| 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 <u>JUNE MICKER TREASURER</u> DATE <u>2/11/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P ARNDT, DARLENE 8618 E. GOSPEL ISLAND RD., 56 INVERNESS, FL 34450 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BROSSEAU, HENRY (HANK) 8618-14 E. GOSPEL ISLAND RD. INVERNESS, FL 34450 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP HOEING, KATHERINE 8618 E. GOSPEL ISLAND RD. #54 INVERNESS, FL 34450 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP BARO, AGNES 8618 E. GOSPEL ISLAND RD. #17 INVERNESS, FL 34450 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S RYAN, BARBARA 8618 E GOSPEL ISLAND RD #56 INVERNESS, FL 34450 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T HUFFMAN, GLORIA 8618 E GOSPEL ISLAND RD #15 INVERNESS, FL 34450 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T MICKER, JUNE 8618-53 E. GOSPEL ISLAND RD. INVERNESS, FL 34450 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RICHARDSON, ALICE 8618 E. GOSPEL ISLAND RD 319 INVERNESS, FL 34450 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DOORN, GERRI 8618-47 E. GOSPEL ISLAND RD. INVERNESS, FL 34450 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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: <u>JUNE MICKER</u> <u>JUNE MICKER</u> <u>2/11/08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | |