

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003307

FILED  
Jan 15, 2010  
Secretary of State

**Entity Name:** HARBOR LIGHTS MOBILE OWNERS' RESORT, INC.

**Current Principal Place of Business:**

8618 EAST GOSPEL ISLAND ROAD  
LOT 53  
INVERNESS, FL 34450

**New Principal Place of Business:**

**Current Mailing Address:**

8618 EAST GOSPEL ISLAND ROAD  
LOT 53  
INVERNESS, FL 34450

**New Mailing Address:**

**FEI Number:** 52-2160289

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MICKER, JUNE  
8618 EAST GOSPEL ISLAND ROAD  
#53  
INVERNESS, FL 34450 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BARO, AGNES  
Address: 8618 E. GOSPEL ISLAND RD #17  
City-St-Zip: INVERNESS, FL 34450

Title: VP  
Name: MACHNIK, JIM  
Address: 8618 E. GOSPEL ISLAND ROAD #52  
City-St-Zip: INVERNESS, FL 34450

Title: S  
Name: RYAN, BARBARA  
Address: 8618 E GOSPEL ISLAND RD #56  
City-St-Zip: INVERNESS, FL 34450

Title: T  
Name: MICKER, JUNE  
Address: 8618 E.GOSPEL ISLAND RD #53  
City-St-Zip: INVERNESS, FL 34450

Title: D  
Name: BROTT, BRENDA  
Address: 8618 E.GOSPEL ISLAND RD #48  
City-St-Zip: INVERNESS, FL 34450

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JUNE MICKER

T

01/15/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date