NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

N98000006864 DOCUMENT

HARLAN SQUARE HOMEOWNER'S ASSOCIATION, INC.

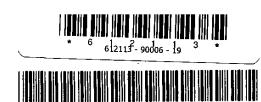
Principal Place of Business
447 VALPARAISO PARKWAY
VALPARAISO FL 32580

Mailing Address

447 VALPARAISO PARKWAY VALPARAISO FL 32580

FILED Sep 02, 1999 8:00 am Secretary of State

09-02-1999 90006 019 ****61.25



21	a dansted For
Suite, Apt. #, etc Suite, Apt. #, etc 4. FEI Number	
	Applied For Not Applicable
22 27 27 20 20 20 20 20 20 20 20 20 20 20 20 20	
City & State City & State 5. Certificate of Status De 23	esired
Zip Country Zip Country 6. Election Campaign Fir	nancing \$5.00 May Be
24 25 29 30 Trust Fund Contribution	on Added to Fees
Name and Address of Current Registered Agent 10. Name and Address of Current Registered Agent	of New Registered Agent
81 Name	
SCHROEDER, R V 82 Street Address (P.O. Box Number is Not	(Acceptable)
635 RIPKDALF CIPCLE FAST Schroeder, K	2. V.
NICEVILLE FL 32578	Pheny
84 City / 1 : El	85 Zip Code
Valparatio, Ita	FL 32580
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statemen office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I here	it for the purpose of changing its registered by accept the appointment as registered
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.	
SIGNATURE	DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES	S TO OFFICERS AND DIRECTORS IN 12
12. Of Hotelito And Shitzorio, to	☐ Change ☐ Addition
OF INCEDENT, IT	
STREET ADDRESS 447 WALPARAISO PARKWAY 1.3 STREET ADDRESS	
CITY-ST-ZIP VALPARAISO FL 32580 1.4 CITY-ST-ZIP	Change Addition
TILE VPSD □ DELETE 21TILE	Change Addition
NAME MILLER, L S JR 22 NAME	A
STREET ADDRESS 630 JERRELLS AVENUE 2.3 STREET ADDRESS 447 Valpassia	in rung
NAME MILLER, L S JR STREET ADDRESS 630 JERRELLS AVENUE CITY-ST-ZIP FORT WALTON BEACH FL 32547 TITLE D DELETE 3.1 TITLE	Fla 32580
TITLE D DELETE 3.1 TITLE	☐ Change ☐ Addition
NAME MEAD, MICHAEL WM. 32 NAME	
STREET ADDRESS 24 WALTER MARTIN ROAD 3.3 STREET ADDRESS	
CITY-ST-ZIP FORT WALTON BEACH FL 32548 34. CITY-ST-ZIP	
TITLE DELETE 41 TITLE	☐ Change ☐ Addition
NAME 4.2 NAME	
STREET ADDRESS 4.3 STREET ADDRESS	
CITY-ST-ZIP 44 CITY-ST-ZIP	
TITLE DELETE 5.1 TITLE	☐ Change ☐ Addition
NAME 5.2 NAME	
STREET ADDRESS 5.3 STREET ADDRESS	
CITY-ST-ZIP 5.4 CITY-ST-ZIP	
TITLE DELETE 6.1 TITLE	☐ Change ☐ Addition
NAME 6.2 NAME	
ETREET ADDRESS 6.3 STREET ADDRESS	
STREET ADDRESS 6.3 STREET ADDRESS	

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, with all other like empowered.

SIGNATURE: _

8-30-89

850 897 4663 Daytime Phone #