

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

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

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

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N98000006864

1. Corporation Name
HARLAN SQUARE HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business: 447 VALPARAISO PARKWAY VALPARAISO FL 32580
 Mailing Address: 447 VALPARAISO PARKWAY VALPARAISO FL 32580

| | | |
|---|------------------------|---|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. | 12/01/1998 |
| 22 City & State | 27 City & State | 4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 23 Zip Country | 28 Zip Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 24 | 29 | 30 |
| 9. Name and Address of Current Registered Agent | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

| | | | |
|--|--|--|---|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| SCHROEDER, R V 635 BIRKDALE CIRCLE EAST NICEVILLE FL 32578 | | 81 Name | 82 Street Address (P.O. Box Number is Not Acceptable) |
| | | Schroeder, R.V. 447 Valparaiso Pkwy | |
| | | 83 City | 84 Zip Code |
| | | Valparaiso, Fla | FL 32580 |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------------------|---|--|
| TITLE | PTD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SCHROEDER, R V | 1.2 NAME | |
| STREET ADDRESS | 447 WALPARAISO PARKWAY | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | VALPARAISO FL 32580 | 1.4 CITY-ST-ZIP | |
| TITLE | VPSD <input type="checkbox"/> DELETE | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MILLER, L S JR | 2.2 NAME | |
| STREET ADDRESS | 630 JERRELLS AVENUE | 2.3 STREET ADDRESS | 447 Valparaiso Pkwy |
| CITY-ST-ZIP | FORT WALTON BEACH FL 32547 | 2.4 CITY-ST-ZIP | Valparaiso, Fla 32580 |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MEAD, MICHAEL WM. | 3.2 NAME | |
| STREET ADDRESS | 24 WALTER MARTIN ROAD | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | FORT WALTON BEACH FL 32548 | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 8-30-99 850 897 4663
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)