FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000052380 (1)**

1. Corporation Name

HARMONY LAKES DEVELOPMENT CORP.

Principal Place of Business	Mailing Address
5200 BLUE LAGOON DR STE 425 MIAMI FL 33126	5200 BLUE LAGOON DR STE 425 MIAMI FL 33126

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip / Country	Zip / Country
24 / 25	29 / 30

3. Date Incorporated or Qualified	3a. Date of Last Report
07/21/1993	05/01/1995
4. FEI Number: 65-0427322	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

LLERA, KAREN H
5200 BLUE LAGOON DR
SUITE 425
MIAMI FL 33126

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent's signature required when executing) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SIMKINS, LEON J.		1.2 NAME	
STREET ADDRESS	5200 BLUE LAGOON DR #425		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	AMBROSIO, MICHAEL A		2.2 NAME	
STREET ADDRESS	5200 BLUE LAGOON DR #425		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GALVIN, JAMES		3.2 NAME	
STREET ADDRESS	260 EAST STREET		3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW HAVEN CT		3.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	CAMERA, BARBARA		4.2 NAME	
STREET ADDRESS	260 EAST ST		4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW HAVEN CT		4.4 CITY-ST-ZIP	
TITLE	AS	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	LLERA, KAREN H		5.2 NAME	
STREET ADDRESS	1604 WEST HARMONY LAKES CIRCLE		5.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Karen H. Llera Karen H. Llera 3/28/96 (305) 261-3745

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)