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FILED
May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000070068 (9)

1. Corporation Name

HARBOR CLUB DEVELOPMENT, INC.



Principal Place of Business

Mailing Address

4500 EXECUTIVE DRIVE
SUITE 300
NAPLES FL 33999
US

4500 EXECUTIVE DRIVE
SUITE 300
NAPLES FL 34118-8908
US

3. Date Incorporated or Qualified
09/22/1994

3a. Date of Last Report
03/25/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 34119

25

29

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4. FEI Number
65-0584246

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

10. Name and Address of New Registered Agent

JOHNSON, ROBERT W
4500 EXECUTIVE DRIVE
SUITE 300
NAPLES FL 33999

81 Name JANET KELLY

82 Street Address (P.O. Box Number is Not Acceptable)

83 SUITE 300

84 City NAPLES

FL

85 Zip Code 34119

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

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	HARDY, R S	
STREET ADDRESS	4500 EXECUTIVE DRIVE SUITE 300	
CITY- ST- ZIP	NAPLES FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	HOWELL, SHANNON	
STREET ADDRESS	4500 EXECUTIVE DRIVE SUITE 300	
CITY- ST- ZIP	NAPLES FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HARDY, ROBERT P	
STREET ADDRESS	4500 EXECUTIVE DRIVE SUITE 300	
CITY- ST- ZIP	NAPLES FL	
TITLE	TS	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, ROBERT W	
STREET ADDRESS	4500 EXECUTIVE DRIVE SUITE 300	
CITY- ST- ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

1.1 TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JANET KELLY	
1.3 STREET ADDRESS	4500 EXECUTIVE SUITE 300	
1.4 CITY- ST- ZIP	NAPLES FL 34119	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JANET KELLY	
2.3 STREET ADDRESS	4500 EXECUTIVE DAVE SUITE 300	
2.4 CITY- ST- ZIP	NAPLES FL 34119	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY- ST- ZIP		

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/97 (941) 597-9061
Date Daytime Phone #

0415929

CR2E034 (9/96)