

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90073 019 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # P95000096022**

1. Corporation Name

**VILLAS AT HARBOR GREEN INC.**

Principal Place of Business

1 HARBOR CLUB DRIVE  
KEY LARGO FL 33037  
US

Mailing Address

~~100 ANCHOR DR~~  
~~#18~~  
**KEY LARGO FL 33037**  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/20/1995**

4. FEI Number

**65-0719513**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~LEWIS, THOMAS E~~  
~~100 ANCHOR DR~~  
~~#18~~  
~~KEY LARGO FL 33037~~

81 Name **SKRLD INC.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**201 ALHAMBRA Circle**  
83 **Suite 1102**  
84 City **CORAL Gables** FL 85 Zip Code **33134**

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

*Thomas E. Lewis* **U.P.**

DATE

**1/27/99**

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 TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **PD LEWIS, THOMAS E**  
STREET ADDRESS **100 ANCHOR DR, #18**  
CITY-ST-ZIP **KEY LARGO FL 33037**

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS **8925 SW 148 ST #218**  
1.4 CITY-ST-ZIP **MIAMI, FLA 33176**

TITLE ☐ DELETE

NAME **VPAS BARNES, JOEL D**  
STREET ADDRESS **100 ANCHOR DRIVE, #18**  
CITY-ST-ZIP **KEY LARGO FL 33037**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS **8925 SW 148 ST #218**  
2.4 CITY-ST-ZIP **MIAMI FL 33176**

TITLE ☐ DELETE

NAME **ST KLISIEWECZ, FRANCES**  
STREET ADDRESS **100 ANCHOR DRIVE, #18**  
CITY-ST-ZIP **KEY LARGO FL 33037**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS **8925 SW 148 ST #218**  
3.4 CITY-ST-ZIP **MIAMI FL 33176**

TITLE ☐ DELETE

NAME **ASST SECRETARY SANDRA JARLETT**  
STREET ADDRESS **8925 SW 148 ST #218**  
CITY-ST-ZIP **MIAMI FL 33176**

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME  
4.3 STREET ADDRESS **8925 SW 148 ST #218**  
4.4 CITY-ST-ZIP **MIAMI FL 33176**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**THOMAS E. LEWIS**  
**PRESIDENT**

**1-12-99**

Date

**305-969-1444**

Daytime Phone #

CR2E034 (11/98)