

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90178 011 ***150.00

DOCUMENT # P96000088882

1. Corporation Name
HARBOUR HOMES OF CENTRAL FLORIDA, INC.

Principal Place of Business
11150 LAKE KATHERINE CIR
CLERMONT FL 34711
US

Mailing Address
11150 LAKE KATHERINE CIR
CLERMONT FL 34711
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/29/1996

4. FEI Number

59-3415790

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$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 11137 Versailles Blvd.
Suite, Apt. #, etc.

2a. Mailing Address

26 11137 Versailles Blvd.
Suite, Apt. #, etc.

City & State

23 Clermont, FL

City & State

28 Clermont, FL

Zip Country

24 34711 25

Zip Country

29 34711 30

9. Name and Address of Current Registered Agent

CHAMPLAIN, ARTHUR P
36402 CALHOUN RD
EUSTIS FL 32736

10. Name and Address of New Registered Agent

81 Name Christopher P. Fallman

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

11137 Versailles Blvd.

83

84 City Clermont

FL

85 Zip Code 34711

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

Christopher P. Fallman

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

(NOTE: Registered Agent signature required when reinstating)

4/21/99
DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE
NAME CHAMPLAIN, ARTHUR P
STREET ADDRESS 11735 LANE PARK ROAD
CITY-ST-ZIP TAVARES FL 32778

TITLE STD ☐ DELETE
NAME FALLMAN, CHRISTOPHER P
STREET ADDRESS 11150 LAKE KATHERINE CIRCLE
CITY-ST-ZIP TAVARES FL 32778

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME Delete Champlain, Arthur
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME PSTD Fallman, Christopher P
2.3 STREET ADDRESS 11137 Versailles Blvd.
2.4 CITY-ST-ZIP Clermont, FL 34711

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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:

Christopher P. Fallman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/99

Date

Daytime Phone #

CR2E034 (11/98)