


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90091 038 ****61.25

DOCUMENT # 740479			
1. Entity Name HARBOR SOUTH CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business HARBUR SOUTH CONDOMINIUM PO BOX 101448 CAPE CORAL, FL 33910 US		Mailing Address HARBUR SOUTH CONDOMINIUM PO BOX 101448 CAPE CORAL, FL 33910 US	
2. Principal Place of Business		3. Mailing Address <i>Pro Professionally Yours, Inc.</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>P.O. Box 100831</i>	
City & State		City & State <i>Cape Coral, FL</i>	
Zip	Country	Zip	Country
<i>33910</i>	<i>USA</i>	<i>33910</i>	<i>USA</i>
4. FEI Number 59-1160251		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CAMPBELL, PHIL PROFESSIONALLY YOURS, INC. 1342 SE 46TH LANE CAPE CORAL, FL 33990		Name <i>George Teague</i> Street Address (P.O. Box Number is Not Acceptable) <i>Pro Professionally Yours, Inc.</i> <i>8270 College PKWY #103</i> City <i>FT. MYERS</i> FL Zip Code <i>33919</i>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <i>[Signature]</i>		DATE <i>4/15/2005</i>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SESSA, ANTHONY 1766 CAPE CORAL PKWY., #301 CAPE CORAL, FL 33904 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JUDITH HELLER 1766 CAPE CORAL #305 CAPE CORAL, FL 33901 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MCCARTHY, LEO 1766 CAPE CORAL PKWY #406 CAPE CORAL, FL 33904 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANTHONY DiMATTIA 1766 CAPE CORAL PKWY #106 CAPE CORAL FL 33901 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S REOME, JOY 22825 PARK AVE. DEARBORN, MI 481242660 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D-P NEIT, MR. L 64 HAMMONS RD. NORTH BERWICK, ME 03906 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FUHL, STEVE P 1766 CAPE CORAL PKWY CAPE CORAL, FL 33904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>[Signature]</i>		DATE <i>4/15/2005</i> 239 415 7400	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	