

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90017 014 ****61.25

DOCUMENT # 750911

1. Entity Name
**HARBORTOWN CONDOMINIUM ASSOCIATION OF THE
LANDINGS, INC.**



Principal Place of Business
% BENSON'S INC
12650 WHITEHALL DR
FT MYERS, FL 33907 US

Mailing Address
% BENSON'S, INC
12650 WHITEHALL DR
FT MYERS, FL 33907 US

40040313



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

02272007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1963003

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent
**BENSON, MARK R
C/O BENSON'S, INC.
12650 WHITEHALL DR
FT MYERS, FL 33907**

7. Name and Address of New Registered Agent
Name **VANDALL, BONITA D**
Street Address (P.O. Box Number is Not Acceptable)
12650 WHITEHALL DR
City **FORT MYERS** FL **33907**

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 *Bonita D. Vandall* **BONITA D. VANDALL** **3-5-07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$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	SD TRIOLO, VICKI 4855 DOCKSIDE DR #203 FORT MYERS, FL 33919 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SHEA, JACK 5022 HARBORTOWN LN FORT MYERS, FL 33919 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DALTON, BOB 4755 HARBORTOWN LANE FORT MYERS, FL 33919 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DALTON, ROBERT 4755 HARBORTOWN LN FORT MYERS, FL 33919 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCBRIDE, WILLIAM 5041 HARBORTOWN LN FT MYERS, FL 33919 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCBRIDE, WILLIAM 5041 HARBORTOWN LN FORT MYERS, FL 33919 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUNLAP, TERRY 4980 DOCKSIDE DRIVE #102 FT MYERS, FL 33919 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNLAP, TERRY 4980 DOCKSIDE DR #102 FORT MYERS, FL 33919 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD ZUCKER, PAUL 4703 HARBORTOWN LN #220 FORT MYERS, FL 33919 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ZUCKER, PAUL 4703 HARBORTOWN LN #220 FORT MYERS, FL 33919 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Paul Zucker* **(President/Treasurer)** **3/2/07** **234-267-2871**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #