2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 11, 2008 8:00 am Secretary of State

DOCUMENT # 750911 1. Entity Name HARBORTOWN CONDOMINIUM ASSOCIATION OF THE LANDINGS, INC.					02-11-2008 90038 022 ****61.25				
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							
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01282008	Chg-NP	CR2E	037 (12/06)	
City & State		City & State			4. FEt Numbe 59-1963			├ ── 	oplied For ot Applicable
Zip	Country	Zip	Country	5. Ce		of Status Desire	ed 🗆	\$8.75 Ad Fee Require	
	6Name and Address of Current I	legistered Agent			7Name and	Address of Na	v. Registore	d Agent	
VANDALI	DONITA D		Name						
VANDALL, BONITA D 12650 WHITEHALL DR FORT MYERS, FL 33907			Street A	Address (P.O. Box Numbe	r is Not Accept	able)		•
			City				F	L Zip Coo	de
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	egistered office o	r register	ed agent, or bot	h, in the State o	f Florida. 1 a	ım familiar with	, and accept
SIGNATURE .	r 1					7.	: .	,	
SIGNATORIE .	Signature, typed or printed name of registered agent a	and title if applicable (NOTE.	Registered Agent signs	ture required	when reinstating)		DAT	E	
SIGNATORIE	Signature, typed or printed name of registered agent a		Registered Agent signa	ture required	when reinstating)			<u> </u>	
SIGNATORIE	Signature, typed or printed name of registered agent at Filling Fee is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Co	paign Financing	ture required	\$5.00 May Br Added to Fees	9	Make che	eck payable partment of S	
10.	Filing Fee is \$61.25	9. Election Camp Trust Fund Co	paign Financing		\$5.00 May B		Make che Florida Der	eck payable partment of S	State
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12. Thereby 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

SIGNATURE AND TYPED OF BRINGED HAME OF SIGNING OFFICER OR DIRECTOR

1-28-08 267-2871