

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

05 APR 13 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AK



01062005 Chg-LP CR2E003 (10/03)

4. FEI Number **20-1901094** Applied For Not Applicable

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

DOCUMENT # A04000001804

1. Entity Name
HARBOR VISTA DEVELOPERS, LTD.



Principal Place of Business
1551 SANDSPUR ROAD
MAITLAND, FL 32751

Mailing Address
1551 SANDSPUR ROAD
MAITLAND, FL 32751

2. Principal Place of Business

3. Mailing Address

P.O. BOX 4961

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
ORLANDO, FL

Zip

Country

Zip
32802

Country
US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

B&C CORPORATE SERVICES OF CENTRAL FLORIDA
390 NORTH ORANGE AVENUE, SUITE 1100
ORLANDO, FL 32801

Name

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

City

FL

Zip Code

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

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

DATE

9. Capital Contributions
as Shown on record. **\$50.00**

10. Amount of Capital Contributions
in FLORIDA to date.

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # L04000083217
NAME HARBOR VISTA, L.L.C.
STREET ADDRESS 1551 SANDSPUR ROAD
CITY-ST-ZIP MAITLAND, FL 32751

STREET ADDRESS

CITY-ST-ZIP

600050863476
04/15/05--01008--018 **141.25

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STREET ADDRESS

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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

BY: HARBOR VISTA, L.L.C., general partner

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

TRICIA BOODY, MANAGER

3/9/05

807/741-8500

Date

Daytime Phone #

STAPLE CHECK HERE