

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004440

FILED  
May 04, 2004  
Secretary of State

**Entity Name:** HARBOR PLACE VISTAS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

14831 LAGUNA DRIVE  
FORT MYERS, FL 33907

**New Principal Place of Business:**

**Current Mailing Address:**

6700 LONE OAK  
NAPLES, FL 34109

**New Mailing Address:**

6700 LONE OAK BLVD  
NAPLES, FL 34109

**FEI Number:** 65-1073528

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GUARDIAN PROPERTY MANAGEMENT  
6700 LONE OAK BLVD  
NAPLES, FL 34109

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: RIZZO-GAVIN, BETH  
Address: 14831 LAGUNA DRIVE  
City-St-Zip: FORT MYERS, FL 33907

Title: D ( ) Delete  
Name: PAGE, PETER  
Address: 14831 LAGUNA DRIVE  
City-St-Zip: FORT MYERS, FL 33907

Title: PD ( ) Delete  
Name: PITTMAN, PAUL  
Address: 14831 LAGUNA DR.  
City-St-Zip: FORT MYERS, FL 33907

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL PITTMAN

PD

05/04/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date