

2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90435 023 ****61.25

DOCUMENT # N02000005038 1. Entity Name HARBOUR WALK HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 4520 4 AVE 4 EAST BRADENTON, FL 34208				Mailing Address 4520 4 AVE 4 EAST BRADENTON, FL 34208	
2. Principal Place of Business 3890 EAST STATE RD W				3. Mailing Address 4301 32ND ST W	
Suite, Apt. #, etc. SUITE 101				Suite, Apt. #, etc. SUITE A-19	
City & State BRADENTON, FL				City & State BRADENTON FL	
Zip 34208		Country USA		Zip 34205	
Country USA		4. FEI Number 71-0907929			
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent HAMLIN, CURTIS D 1205 MANATEE AVE W BRADENTON, FL 34205				7. Name and Address of New Registered Agent 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. (NOTE: Registered Agent signature required when retreating)					
Filing Fee's \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEATING, KENNETH D 4520 4 AVE 4 EAST BRADENTON, FL 34208	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3890 EAST STATE RD W	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WORTHINGTON, NORMA A 4074 ROBERTS PT ROAD SARASOTA, FL 34242	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEATING, BRENDA J 4520 4 AVE 4 EAST BRADENTON, FL 34208	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3890 EAST STATE RD W	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Brenda J. Keating</u> BRENDA J. KEATING 4/27/04 941-748-1622 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					