

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90011 041 ****61.25

DOCUMENT # N02000005038

1. Entity Name
HARBOUR WALK HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**4301 32ND STREET WEST
SUITE A20
BRADENTON, FL 34205**

Mailing Address
**4301 32ND STREET WEST
SUITE A20
BRADENTON, FL 34205**

DO NOT WRITE IN THIS SPACE



01072008 No Chg-NP CR2E037 (4/06)

4. FEI Number
71-0907929

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HAMLIN, CURTIS D
1205 MANATEE AVE W
BRADENTON, FL 34205**

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IN THIS SPACE**

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 reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D
NAME KEATING, KENNETH D
STREET ADDRESS 3890 EAST STATE ROAD 64
CITY-ST-ZIP BRADENTON, FL 34208

TITLE D
NAME WORTHINGTON, NORMAN A
STREET ADDRESS 4074 ROBERTS PT ROAD
CITY-ST-ZIP SARASOTA, FL 34242

TITLE D
NAME KEATING, BRENDA J
STREET ADDRESS 3890 EAST STATE ROAD 64
CITY-ST-ZIP BRADENTON, FL 34208

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #