

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90072 008 \*\*\*\*61.25

DOCUMENT # N07141

1. Entity Name

HARBOR PINES OF MANATEE OWNERS ASSOCIATION, INC.



Principal Place of Business

5766 BRONX AVE.  
STE. A  
SARASOTA FL 34231  
US

Mailing Address

5766 BRONX AVE.  
STE. A  
SARASOTA FL 34231  
US

66005225



1st MOORE CR2E037 (10/04)

2. Principal Place of Business

6033 34th ST. W.  
Suite, Apt. #, etc.  
OFFICE

3. Mailing Address

6033 34th ST. W.  
Suite, Apt. #, etc.  
OFFICE

City & State

BRADENTON FL

City & State

BRADENTON, FL

Zip

34210

Country

MANATEE

Zip

34210

Country

MANATEE

4. FEI Number

52-1462029

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MANAGEMENT CONCEPTS OF SARASOTA COUNTY  
5766 BRONX AVE. STE. A  
SARASOTA FL 34231

Name

Street Ad

City

Constance Weber (PO 5423)  
6522 Connecticut St.  
Bradenton FL 34281

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

*Constance Weber*

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

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW: FEE IS \$61.25

Due By May 1, 2005

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

|       |    |      |                   |                |                      |                |                    |                                            |
|-------|----|------|-------------------|----------------|----------------------|----------------|--------------------|--------------------------------------------|
| TITLE | PD | NAME | CAPOZZI, KATHLEEN | STREET ADDRESS | 6033 34TH ST. W. #93 | CITY-STATE-ZIP | BRADENTON FL 34210 | <input checked="" type="checkbox"/> Delete |
| TITLE | VD | NAME | MARNEY, APRIL     | STREET ADDRESS | 6033 34TH ST. W. #24 | CITY-STATE-ZIP | BRADENTON FL 34210 | <input checked="" type="checkbox"/> Delete |
| TITLE | TD | NAME | COX, CARL         | STREET ADDRESS | 6033 34TH ST. W. #23 | CITY-STATE-ZIP | BRADENTON FL 34210 | <input checked="" type="checkbox"/> Delete |
| TITLE | SD | NAME | FELICITA, JEAN    | STREET ADDRESS | 6033 34TH ST. W. #97 | CITY-STATE-ZIP | BRADENTON FL 34210 | <input type="checkbox"/> Delete            |
| TITLE | D  | NAME | FAY, WILLIAM      | STREET ADDRESS | 6033 34TH ST. W. #46 | CITY-STATE-ZIP | BRADENTON FL 34210 | <input checked="" type="checkbox"/> Delete |
| TITLE |    | NAME |                   | STREET ADDRESS |                      | CITY-STATE-ZIP |                    | <input type="checkbox"/> Delete            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|       |    |      |                 |                |                      |                |                      |                                                                              |
|-------|----|------|-----------------|----------------|----------------------|----------------|----------------------|------------------------------------------------------------------------------|
| TITLE | PD | NAME | Mineo, Natalie  | STREET ADDRESS | 6033 34th St W. #37  | CITY-STATE-ZIP | Bradenton, FL. 34210 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE | VD | NAME | Stuby, Lisa     | STREET ADDRESS | 6033 34th St W. #117 | CITY-STATE-ZIP | Bradenton, FL. 34210 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE | TD | NAME | Lewis, Foster   | STREET ADDRESS | 6033 34th St W. #63  | CITY-STATE-ZIP | Bradenton, FL. 34210 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE | SD | NAME | Felicitia, Jean | STREET ADDRESS | 6033 34th St W. #97  | CITY-STATE-ZIP | Bradenton, FL. 34210 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE | D  | NAME | Colon, Catalina | STREET ADDRESS | 6033 34th St W. #146 | CITY-STATE-ZIP | Bradenton, FL. 34210 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE |    | NAME |                 | STREET ADDRESS |                      | CITY-STATE-ZIP |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

12. 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 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:

*Constance Weber President*

2-1-05 941-755-0967

Date Daytime Phone